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ABSTRACT

The hypothesis explored in this report is whether a staff of school psychologists can successfully provide therapy in the schools to students and adults, even when their previous training has neglected therapy. The therapy program is conducted under the auspices of Milwaukee Public Schools under Title I. Both administrators and psychologists set up the program. Only students with serious problems, a total of no more than 25 per building were seen for therapy. A total of six different therapy programs were offered to the disadvantaged, their parents and their teachers. These programs are described in detail. The criteria evolved for indicating the type of therapy for each child is discussed thoroughly. Techniques used are also presented. The responsibility of the therapist is given, as well as his role within the school. The Volunteer Aide program, the Behavior Modification program, and cognitive structure work are also discussed in relation to the therapy program. (KJ)

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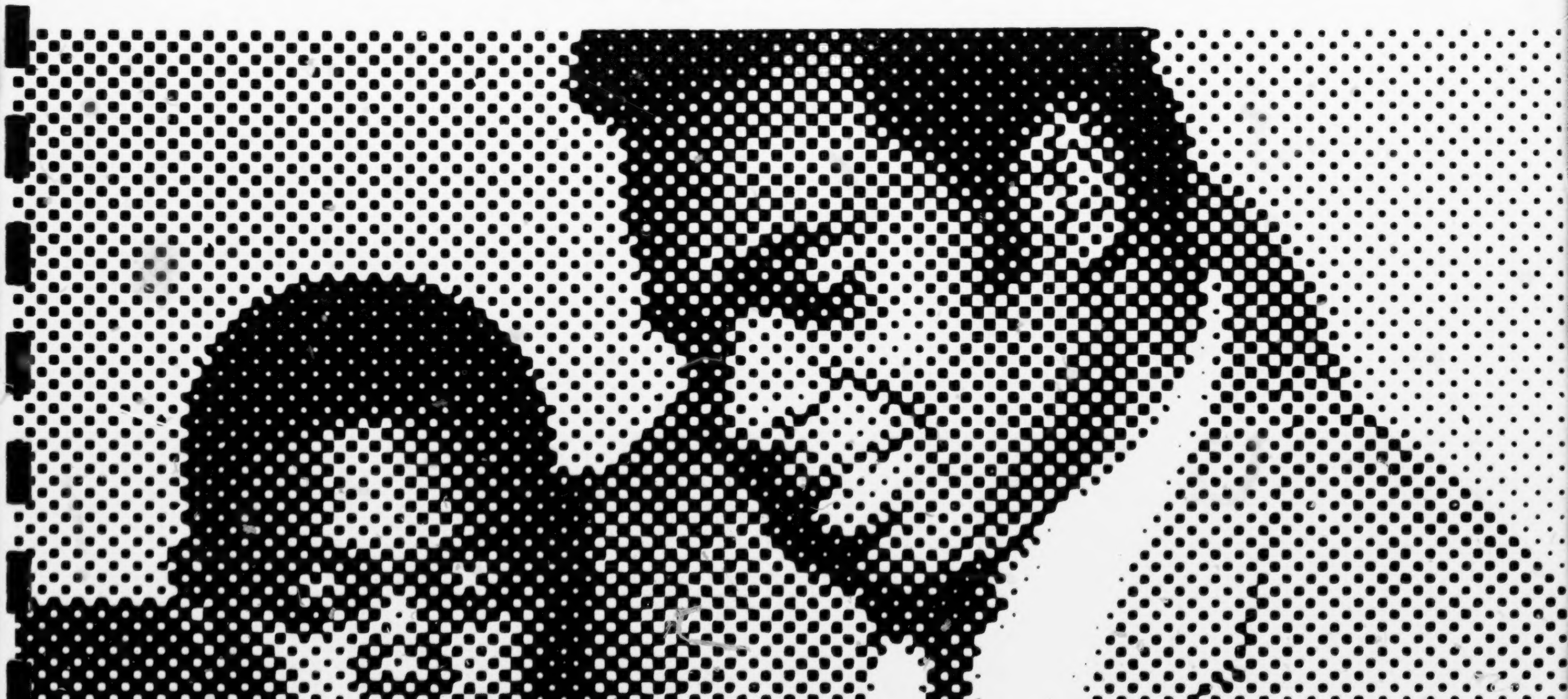
The SCHOOL PSYCHOLOGIST as a THERAPIST



MILWAUKEE PUBLIC SCHOOLS

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A PSYCHOLOGICAL SERVICES MONOGRAPH ON PSYCHO-EDUCATIONAL THERAPY

Descriptive Report of a
Project Funded Under the
Elementary and Secondary
Education Act, Title I.

THE SCHOOL PSYCHOLOGIST AS A THERAPIST

Edited by: John H. Jackson
Margaret Bernauer

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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MILWAUKEE PUBLIC SCHOOLS
Richard P. Gousha, Superintendent
Dwight Teel, Deputy Superintendent

1968

Dedicated
to

William H. Ashbaugh, Ph.D.

In dedicating this monograph to Dr. Ashbaugh, we are expressing, on behalf of the staff, our recognition of the fact that the project described herein is the fruition of his creative and dynamic leadership. He guided the efforts to initiate the Psycho-Educational Therapy Program and throughout its first year he served as a fount of stimulating ideas and a source of positive support even in darkest moments.

J.H.J.

M.M.B.

FOREWORD

The chapters of this monograph reflect both a description and assessment of a project initiated during 1967-68. The multiphase project included activities which defined new methods and emphases for school psychologists, undertakings which were designed particularly to help central-city youngsters. Departing from traditional designs, the twelve psychologists--working under the aegis of the Department of Psychological Services--broke new ground as they defined a mosaic of significant approaches to psycho-educational therapy.

The reader of this document will be impressed by the activities and the results, the creativity and insight, and the significance and implications--for the total educational setting. The student, of course, is at once an individual and a member of a group; therapeutic measures are appropriately considered from many perspectives to acknowledge this variable role of the student. There is recognition of the crucial roles played by parents, teachers, and administrators.

The total report is, in effect, tacit support for the concept that learning is dependent upon many factors, that learning cannot be effected without proper consideration of the dreams, concerns, and aspirations of the individual. Subject matter yields to perception and learning process, and it is rightly the domain of psycho-educational therapy to open doors for youngsters. These doors must be opened if reality, competence, independence, and the future are to be defined.

Congratulations are extended to all who had a role in developing the series of reports to be found in this volume. They have performed a significant task, one which will have a definite impact on curriculum and instruction.

Bernard J. Weiss
Assistant Superintendent
Division of Curriculum
and Instruction

ACKNOWLEDGEMENTS

The psycho-educational therapy project and this monograph were made possible because of the commitment of the Central School Administration to relevant innovative approaches as more viable means of meeting persistent needs of pupils and students in Milwaukee. This commitment was made operational through a request for federal funding under Title I of the Elementary and Secondary Education Act (ESEA). The commitment has been personified in the sustained and active interest of the now Deputy Superintendent, formerly Assistant Superintendent for Curriculum and Instruction, Dr. Dwight Teel. For this support we are grateful.

Appreciation is also due to a number of other persons who contributed to the project and/or the monograph. They are as follows:

1. The parents and students whose active involvement was essential.
2. The parents who gave permission to photograph their children for the monograph.
3. The teachers, guidance personnel, and administrators in the ESEA schools (public and non-public) who wanted the therapy program and who learned to work with school psychologists in new ways.
4. Colleagues in the Department of Psychological Services for their collaboration and support of this pioneering effort.
5. The volunteer aides who provided continuing one-to-one relationships for selected students as an adjunct to the therapy program.
6. Mrs. Doris Stout, Curriculum Coordinator, who was willing to make changes in summer school teacher responsibilities to accommodate our needs.
7. Individual supportive personnel, e.g., speech therapists and social workers, for ancillary services.
8. Mr. Aaron Shansky, Supervisor in the Department of Instructional Resources of the Milwaukee Public Schools, and his staff of photographers for picturing us in action. Mr. Shansky was most helpful in carrying the responsibilities for photographic display in the monograph and most considerate

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9. The Department of Federal Projects, with special appreciation to Mr. Terry Mehail and Mr. Allan L. Nuhlicek, for their assistance in interpreting and expediting the many procedural matters which had to be negotiated in order to operate this project and bring this volume to the light of day.

10. A special note of thanks is due to those outside the school system who supported our efforts. They are the following.

    Mt. Sinai Hospital for the generous use of its very modern therapy room and conference room facilities. These facilities were made available through the good offices of Dr. Robert Francis, Psychiatrist, and Miss Eleanore Goebel, Psychiatric Social Worker.

    School Hygiene, Division of the Bureau for Maternal and Child Health, Milwaukee Health Department for special arrangements to provide medical assistance for pupils in the therapy program who presented problems with physiological involvement. To Dr. Claiborne Williams and Dr. Edward Heffner we acknowledge our indebtedness.

    The Milwaukee Journal, Mr. Orville Schaleben, Associate Editor, and Mr. William Jeske, Assistant Librarian. Through the offices of Mr. Schaleben and Mr. Jeske we were granted permission to use Journal photographs that constitute Chapter I of the monograph.

11. For the typing and re-typing of the manuscript, we express appreciation to our ESEA secretaries: Karen Christianson, Sandi Cornelius, Sandra Kuks, and Mrs. Sophie Kreutz.

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PART I

INTRODUCTION

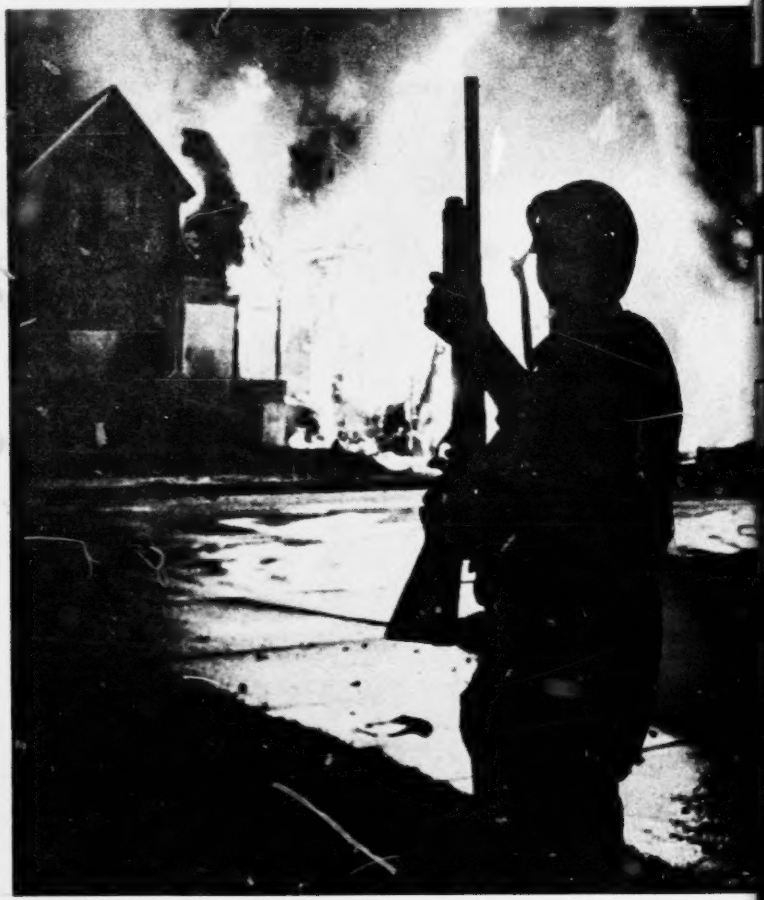
NEEDS: A PHOTOGRAPHIC ESSAY

Photos in this chapter courtesy Milwaukee Journal.

DETERIORATION +

DEPRIVATION =

ADAPTATION ?



CONFLICT ?

CHAPTER II

OVER-VIEW OF THE PSYCHO-EDUCATIONAL THERAPY PROGRAM

John H. Jackson, Ph.D.
Coordinator
Department of Psychological Services[1]

School psychology is in search of a model that will make it more relevant to the pupils and the systems it serves. School psychology under the sway of Title I specifically seeks a model to make it responsive to the needs of disadvantaged learners. The program of psycho-educational therapy, which will be described in the chapters to follow, is a unique venture in the latter regard. Its four major and distinctive parameters are its focus upon the adaptation by a staff of school psychologists of therapeutic counseling to disadvantaged learners and others within the school setting. In other words, the hypothesis being explored here is whether a staff of school psychologists -- not one or two individual psychologists here and there -- can successfully provide therapy in the schools to students and adults, even where their previous training has neglected therapy. If this can be done, then the role of therapist becomes one that can be developed and integrated into the activities of school psychologists as a professional group. To present the reader with the broad view of the parameters as a framework for the details of subsequent chapters is the purpose of this over-view.

The term psycho-educational is intended to clearly indicate that the therapy has both psychological and educational aspects. This is perhaps wise for such a psychological program within an educational system whose objectives are educational. The school psychologist recognizes the uniqueness of his profession in its relatedness to the schools.

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[1] Was supervisor in the Department of Psychological Services and Educational Research during the time referred to in the chapters of this monograph.

THE DECISION TO PROVIDE THERAPY

Psycho-educational therapy as conceived in this program seems to have been an idea whose time had come in the affairs of school psychology in Milwaukee. From the very beginning, it appeared to have an inner force of its own; it was highly exciting; and, it found support in all quarters.

First of all, Title I says that with its funds we may not duplicate existing school services, but that efforts to improve the educational level of disadvantaged youngsters must be innovative.

Second, from time to time parents, themselves, have requested therapeutic assistance for their children as a means of bringing them back or into the educational mainstream; in effect they have said to us, "Do something for this child. Help him. He seems to have something on his mind that just won't let him study. We can't pay for help and the agencies are too crowded."

Third, over the years our psychologists have seen in their diagnostic work what is certainly true elsewhere and is widely written about, that a disproportionate number of students in disadvantaged areas of the city project intensely negative self-concepts and other psychological disabilities of recognized importance to learning and not learning.

Fourth, in response to a questionnaire from our research staff in the spring of 1967, elementary and secondary school principals in Milwaukee gave strong indications that they wanted the psychologists to go beyond their usually helpful recommendations consequent upon diagnostic study into therapeutic treatment; these administrators, according to the research report, requested "group therapy," "more time for therapeutic counseling," "more one-to-one counseling on a continuing basis," "counsel with teachers on proper techniques to use with the disadvantaged," "more psychological counseling," "work more intensively with younger children," "more emphasis on therapy following diagnosis," and "more time for follow-up therapy."[2]

Fifth, the psychologists who had been hired under Title I indicated very clearly that they felt they could most effectively serve disadvantaged children through a program of therapy. At the end of their first year and a half of serving the disadvantaged on the basis of a diagnostic-teacher consultation basis, and prior to their knowledge of the results of the administrators' questionnaire, in the spring of 1967 the psychologists held a brain-storming session on how best to serve the disadvantaged. In the main they concluded that programs of therapeutic counseling would, in all probability, be most effective.

Sixth, the Department of Psychological Services perceived itself as a primary service to pupils in addition to its adjunctive or supportive services. In other words, not only did the department assist pupils in improving in their functioning through psychological means in order for them to be able to take fuller advantage of their school studies, it assisted pupils directly in the development of psychological learning outcomes--attitudes, relationships with others, study techniques, interests, habits, etc.--that the school system sets as goals for the human personalities and citizens that it is attempting to develop. The department was of the opinion that it could more fully implement its role as a primary service through a program of therapy in which identified groups of children in the various schools would be seen on a regularly recurring basis and thereby better develop the psychological learning outcomes sought.

In view of these urgings, the decision was made to explore the idea of a therapy program, and the Title I psychologists together with the department administrators set about the task in late fall of 1967.

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[2] Extension and Improvement of Psychological Services Provided to Children in Areas of Economic Deprivation. Project Evaluation by Department of Psychological Services and Educational Research, Milwaukee Public Schools, 1967.

Therapy, psychotherapy, therapeutic counseling, and psychological counseling as will be described in these chapters are like processes that place a heavy burden upon those who would practice them. The training of the therapist is extensive and complicated because he is dealing with complicated problems of the total personality that hold danger to both the student and himself. The personality of the therapist cannot be "hung up;" he cannot be reckless. The therapist takes the responsibility and the obligation to handle problems that often he would rather not handle, as his involvement with the student is deep and not limited to trying to be helpful by talking to the student. The goal of the therapist is personality reorganization and development, not adjustment. In the process of therapy, the locus of responsibility is centered in the client.

GROUP PARTICIPATION IN DESIGN OF THERAPY PROGRAM

From the very beginning, it was recognized that to break new ground with a staff of school psychologists providing a program of therapy to disadvantaged learners within the school setting would be no simple undertaking. This recognition was later corroborated, incidentally. Therefore, it was thought desirable for all within the department who were to carry responsibility for its success, to be deeply involved in thinking it through and formulating its every aspect, and for school personnel to have an opportunity to offer suggestions. This would be one means of insuring that the initial commitment to the idea would carry ever into the program, itself.

Consequently, democratic participation and decision-making were carefully nurtured throughout each of six staff meetings that were held. Fluid thoughts expressed by the psychologists in each session were recorded and incorporated into the evolving design, which was then presented at the next session for their criticism, evaluation, and the offering of new thoughts.

An interesting phenomenon occurred in these planning sessions. Ordinarily when a group organizes a series of tasks of which each member is aware that he will have to carry direct responsibility, planning is limited to activities in which the group feels rather proficient and secure. Not so, here! These psychologists planned to serve disadvantaged youngsters on the basis of what their professional knowledge led them to understand would be helpful rather than offering only their most current and polished skills. In essence, their commitment to helping these disadvantaged youngsters carried through the planning stage more importantly than did their need to be free from anxiety.

In arriving at the final design of the therapy program, the thinking of the psychologists and school administrators was, in no way, antithetical. The administrators who met with the psychologists in two working sessions to critically examine and modify the design of the therapy program, if necessary, were of the opinion that it satisfied their criteria of a realistic therapy program. They felt that it had been too long in coming.

GENERAL DESIGN OF THE PROGRAM

Title I requires that disadvantaged children in both public and non-public schools be served. In view of the lack of general psychological services regularly available to the pupils in the non-public schools, the decision was made to modify the program in these schools somewhat in order to better serve the pupils there. This will be explained more fully below.

PUBLIC SCHOOL PROGRAM

It was decided that psychologists who were regularly employed and funded by the local Board of School Directors would continue to provide their usual services to disadvantaged children as required by Title I.

This meant that they would see any child in the school who was perceived as needful of psychological help, including the disadvantaged; they would do psychodiagnostic studies of pupils referred by the principal and would follow up diagnosed cases where appropriate, including the provision of individual and group therapeutic counseling. Where these psychologists so desired, they could refer pupils they had studied to the Title I psychologist for therapy. In short, the regularly budgeted psychologists continued their work without curtailment.

The Title I psychologists were to work intensively with a limited number of students and to emphasize treatment. Pupils were to be referred to them by the school principal only if he had reason to believe that therapy might be necessary.

In each school located in an identified area of economic deprivation, there would, therefore, be two psychologists--one locally funded who would provide general services, and one federally funded who would provide psycho-educational therapy. However, no pupil was to be seen simultaneously by the two psychologists; this necessitated careful planning and continual communication between the two psychologists.

Type of Cases Referred.--Only those pupils who were demonstrating the most seriously inadequate coping behavior in handling emotional or other personal problems were to be referred to the therapy program. Presumably these would include those pupils who were educationally most frustrated and self-defeated and who were also great liabilities to classmates and teachers in the teaching-learning situation.

Especial emphasis was placed upon the need to refer the passive and withdrawing child who is easily over-looked in favor of the acting-out child in the school.

Agreed Upon Lists.--In each school the psychologist and building personnel had an active, agreed-upon list of not more than twenty-five students who could receive therapeutic treatment at a given time during the semester. Additional students who were referred--and always only by the principal after any necessary consultation with appropriate school staff members--were placed on a waiting list. Pupils on the waiting list were placed on the active, agreed-upon list and taken into therapy as openings occurred for one reason or another.

A Variety of Therapy Programs.--Six different therapy programs were offered to disadvantaged learners, their parents, and their teachers. In certain cases, pupils were taken into more than one of the programs consecutively or concurrently at some point in their treatment.

First, there was group psychotherapy for pupils, which is described in Chapter III.

Second, there was individual psychotherapy for pupils. This program is described in Chapter IV.

Third, there was what we referred to as facilitative therapy. See Chapter V. It was thought especially important to include this program. All disadvantaged pupils who need therapeutic help are not mentally ill or sick or neurotic or psychotic or whatever similar nomenclature we choose to employ.

Very often the etiology of their presenting problems is to be found in their early failures to learn basic skills necessary for school work, e.g., visual-motor perceptual skills, mediated language skills, representational thinking, etc. Very often they lack motivation, memory techniques, study habits, the ability to unravel the organization of a page of print even though they may be able to read paragraphs with understanding, etc. Very often they are seriously less productive than they should be as a result of their functioning within the limits of a self-concept that is negative because of failure experiences in school.

With these kinds of psychological lacks, skills and abilities that are basic to academic and functional success, there may be little or nothing within these disadvantaged students to uncover and release; and if they are freed to obtain what they have missed out on, their homes and schools may not support them to successful ends.

Psychological inputs, i.e., the essence of such psychological concepts as memory systems, skills of visual perception, and the like may be what is needed.

With learners needing psychological inputs, the treatment of choice was considered, at least in part, to be that of facilitative therapy.

Fourth, there was individual counseling and therapy for parents of referred disadvantaged pupils. This program, unlike the three mentioned above, was conducted not only during the regular 1967-68 school year, but also during the summer of 1968. Research studies have begun to demonstrate that where parents are involved in one's work with children, the children improve most significantly. During the regular school year in this program, efforts to involve parents whose children were found to be in need of therapy had been less successful than desired.

Consequently, fifth, during the summer more determined and planned efforts were made to counsel parents and their children in groups and clinically to compare observed functioning of these children with the functioning of groups of children who were also counseled during the summer by the same psychologists, but without having their parents involved. These clinical, results, it was anticipated, could possibly indicate whether or not greater emphasis in the 1968-69 year should be placed upon parent counseling and therapy. Chapters VI and VII will report the work with parents who were seen individually and in groups.

Sixth, individual therapy was made available to teachers who felt a need and voluntarily requested this kind of help. The premise here was that in some instances the problems of disadvantaged learners stemmed, at least in part, from their relationships with their teachers, and that teachers could often sense this and would take advantage of the service if it were offered discreetly.

Indeed, the faculty of one elementary school requested psychological counseling before the existence of the program was known. One psychologist was assigned half-time to do such therapeutic counseling through the school year.

Initial plans were to work with the volunteer teacher on matters of her relationships to her disadvantaged pupils, such as her attitudes toward them and her approaches to teaching them. In practice, however, the teachers often sought therapy of a broader and deeper nature. Within limits, this was provided. The program in teacher counseling-therapy is discussed in Chapter VIII.

No attempt was made to get the psychologists to subscribe to any one school of therapy practice.

NON-PUBLIC SCHOOL PROGRAM

A number of factors argued for a slight modification of the program in the non-public schools that were served, which included Catholic schools, Missouri Synod Lutheran schools,[3] one private school, and one Seventh Day Adventist school. These schools, except the Catholic system with a part-time psychometrist, had no psychological services. The staffs had to learn how psychological services could be used within the school setting to help pupils. Some school personnel admitted to having to overcome their own fierce independence of asking for outside assistance with their charges for whom they felt they alone were responsible and could help. They generally had small pupil populations, some less than one hundred, and the psychologists who served schools on the basis of their populations were unable to visit them as often as they did the much larger public schools; in some the psychologist worked only a half day every second or third week.

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[3] These services were not desired by the representative of the Wisconsin Synod Lutheran schools, who stated at the time the Title I program was being initiated that arrangements were being made for pupils in these schools to receive psychological services within the religious context of the church.

Thus the Title I psychologist was the only psychologist regularly available to the students in the schools, saw them relatively seldom, and had to help their instructors understand how to use psychological services. Naturally there were some exceptions to small pupil populations and many instances of great responsiveness to the availability of psychological services.

Despite the above limitations, in practically all of these schools identified groups of disadvantaged pupils received individual, group, or facilitative therapy. The parents of many of the students in therapy received counseling, but usually not as extensively as did parents of public school pupils. A few teachers requested and received therapeutic counseling.

Because of the above limitations, the Title I psychologists who served these non-public schools provided, in addition to the therapy, the general services that have been traditional for school psychologists.

MAINTAINING A PSYCHODIAGNOSTIC BASE

Traditionally school psychological services have been diagnostic. From the beginning, psychologists diagnosed pupil problems and recommended them into special classes. Later, other types of recommendations were consequent upon diagnosis. Present-day innovative efforts to find a psychological services model that is relevant to children in the schools of today and tomorrow question what at times appears to be an over-emphasis upon testing, especially for disadvantaged children. The Department of Psychological Services of the Milwaukee Public Schools also assumes this stance.

Nevertheless, the department believes that psychodiagnosis constitutes the bedrock of psychological services, and that while it must be kept in proper perspective, it must continue to play a necessary and direction-giving role in the work of the school psychologist.

Routinely the Title I psychologist makes a diagnostic study of each pupil that he plans to take into therapy. This need not be a complete study and the decision as to extensiveness of the study is left to the psychologist. However, the study should be sufficiently complete to provide the psychologist with enough data to help him make an initial judgment as to which of the therapy programs will most likely serve the student best in the shortest possible time.

As a means of releasing the psychologists from some of the time-consuming administration and scoring of tests, the program hired psychometrists. These licensed psychometrists administered tests of intelligence, academic achievement, and sensory perception, and objective tests of personality. These test data were interpreted by the psychologists and integrated with data from projective personality measures, which they, themselves, administered.

All testing instruments that are employed by the department are being "looked at" in relationship to the disadvantaged pupil in Milwaukee; the department has not identified a single "test of choice" for these pupils.

CRITERIA FOR VARIOUS THERAPY PROGRAMS

What were the indicators as to which program an individual disadvantaged pupil might benefit from most? What were the indicators for individual therapy? For group therapy? For facilitative therapy?

Arbitrarily arrived-at criteria would perhaps have been useless. It may be that the criteria for the various therapy programs will always have to be left to the individual psychologist, to his subjective decision-making processes including a myriad of unconscious factors. This potential limitation regarding placement criteria notwithstanding, it was hoped that as the individual psychologists made their placements of students over the year on the basis of their subjective criteria, they would empirically begin to form hypotheses as to which children benefitted most from which therapy program. Thus, even if the final decision to place must always be the individual psychologist's, some of the criteria that guided him would be explicit.

A corollary problem relates to the timing of the decision to place a pupil in one of the programs. Before diagnosis? After diagnosis? Subsequent to a few individual sessions? Or, at some other point in time?

Whatever criteria has thus far evolved for indicating whether a disadvantaged pupil will be best served in group individual, or facilitative therapy, and at what point in time such a decision should and can be made, will be found in Chapters III, IV, and V.

DEVELOPING PSYCHOLOGICAL OBJECTIVES FOR INDIVIDUAL CHILDREN IN THE SCHOOL SETTING

This is a therapy program for disadvantaged children within the school setting. Some, but relatively few, of the pupils are self referred; these are usually, but not always, at the high school level. The overwhelming majority of pupils seen by psychologists are referred by teachers and principals. These school people perceive difficulties in youngsters and refer them for help with the problems they have perceived. Does the child feel that he has the same problem or another problem or no problem? For what difficulty, if any, will he wish help? From the psychologist's point of view, is the child or school referring for the "right" problem? For what difficulty, in the professional judgment of the psychologist, should the pupil seek help?

Important inplications for the work and perception of the work of the psychologist inheres the fact that this is a therapy program in the school setting and that school personnel wish help for a pupil relative to their perception of his relationship as a learner to them. The pupil and the psychologist might have apparently different foci or emphases. A number of communication needs are inherent here and must be considered. Reports about achievement of objectives must go to the school in language that describes the pupil in terms in which the school has described him. The student has to operate in therapy in terms of problems he feels that he needs to work on. The psychologist's thinking about the child facilitates operations when it is done in terms of psychological concepts.

A special procedure for developing psychological objectives for referred disadvantaged pupils was employed. This procedure was calculated to eventuate, for each pupil, in a statement or in statements that would chain the objectives desired by school personnel, the pupil, and the psychologist. In effect this would produce a unified objective(s) for each.

The psychologist would initially obtain for each pupil the stated objectives of the teacher(s) and/or administrator(s) and/or helping personnel. He would then assist the student to formulate his objectives for himself. He would also state his own objectives for the child in explicit psychological concepts. Subsequently, he would attempt to chain these. This would mean, in effect, that with the chaining the school and pupil would be carrying on a dialogue through the psychologist as intermediary.

An example may help to understand this procedure better. The teacher may wish the psychologist to help the student to be less nervous. The pupil might say that he wants to learn where he stands with others. The psychologist might think that the pupil needs to reduce or bind neurotic anxiety. In essence, the psychologist would work to bind neurotic anxiety by helping the pupil to determine where he did stand with significant others which might result in his being less anxious.

Each one's stated objective influences the therapy or reporting process. The pupil indicates content and feelings that need to be considered; he would probably talk about relations to peers and superiors, but the psychologist would realize that his talk would probably make him less nervous. The psychologist suggests a type of psychological thinking that allows him to function most effectively; he would probably attempt to close the pupil and not open him up. The teacher identifies in what language the results of the therapy can best be reported.

CASE DISPOSITION

It was agreed that the psychologists would continue with a pupil until something positive happened. They would not discharge a case by referring it to another resource, except where a pupil was graduating or dropping out of school before graduation. When it became necessary or desirable to refer a pupil, the psychologist would continue with the case to the extent ethically and administratively possible. This might include re-entry psycho-educational planning where the pupil had been out of school for treatment.

There are many disadvantaged pupils in a large city school system in need of therapy. "To stick with a case until something positive happened" may be seen by the reader as reducing the chances unnecessarily of many of these pupils for help. This need not be the case. "To stick with a case" did not mean to see the pupil until every one of his problems yielded or was resolved. If objectives were sharply focused initially, this would narrow the areas to be watched for something positive to happen.

As the student seemed to be moving toward the hoped-for objectives as stated, it could be assumed that certain corrective processes had been triggered within the pupil. Depending upon the type of problem under attack and the climate of support in the school that had been generated, it was thought that termination of the case for regular and formal sessions might be indicated when such corrective processes had been triggered and sustained for some time. Places would then be opened up for others on the waiting list.

Termination, itself, of certain behavior problem cases in therapy in the school setting presented difficulties. For example, acting out students who were terminated as they improved in overt behavior could regress if they had the psychologist's attention and support for their improving behavior and failed to find attention and support for their changed behavior elsewhere. Succeeding chapters will touch upon the techniques employed to avoid such potential regression.

DECISION REGARDING TYPE OF PROFESSIONAL CONSULTATION

Why did the program employ a psychiatric instead of a psychological consultant? From the beginning, there was a commitment to have consultation; another professional opinion is usually helpful. Much consideration was given to the question as to whether we wanted a psychiatrist or a psychologist to consult on the therapy program. Either, assuming proper training as a therapist, would have been acceptable.

Psychiatric consultation was finally chosen. It was reasoned that a psychiatrist possibly would bring to the program a different point of view than would another psychologist. This difference, it was hoped, would be educative in a number of ways.

Something variant from the usual type of consultation was sought and obtained. The intent was to have a psychiatrist who saw himself and who was seen by the psychologists as a staff member, even though part-time. The intent, further, was to have a psychiatrist who was interested in program building and who would become deeply involved in this program.

As a staff member, the psychiatrist carries responsibility for group supervision. The concept and practice of group supervision will beexplicated in Chapter IX.

EARLY REACTIONS TO THE THERAPY PROGRAM

The major reaction of the regularly employed and locally budgeted psychologists was that of fear that school personnel would gain the impression that the service provided in the regularly budgeted program was being downgraded. Despite reassurances that this could not possibly happen, the reaction continued in some until experience bore out the reassurance. They knew that someone had to test and re-evaluate pupils for special classes, a great number of whom were disadvantaged. To the credit of the school administrators, many of the pupils who ordinarily would have been referred to the regular psychologist for evaluation for special class placement were referred to the therapy program, instead. It has long been known that many children in special classes are only "acting like" retardates; they have been accommodated by these classes simply because there has been no other relevant resource available to them. Some schools in disadvantaged areas have, for example, more than 60% of their pupils who are eligible for special classes. There is, therefore, great need for an alternate approach to diagnosis, alone.

The reactions of personnel in the schools were more complicated. Motivation for the therapy program had stemmed, in part, from the requests of school people, yet they had to learn how to perceive the school psychologist as a therapist. Their mental set toward the school psychologist as generally a diagnostician had to be broken. They had to differentiate their perceptions of him in new ways in order to relate to him in a manner that would support his work and benefit the disadvantaged learners in their buildings.

Only one specific type of teacher-principal reaction will be cited here, for these will be reported more fully in succeeding chapters. The schools were asked to refer students so that in effect they would refer those most needful and most troublesome. According to their remarks shortly after the beginning of the semester when the active, agreed-upon lists were compiled, they were indeed referring the most needful and troublesome. After the psychologists began working with these difficult pupils they settled down noticeably. Then teachers or principals would sometimes remark that those pupils didn't need therapy half as badly as some others whom they would name and who sometimes would not even be on the waiting list. In an unusual sort of way, this was an evaluation of the success of the therapy with those receiving it.

Other positive evaluations of school personnel that were expressed as the program continued are reported in succeeding chapters.

The reactions of the Title I psychologists, themselves, was that of anxiety and deep concern over measuring up to the challenge of the program. Yet, this young, bright, non-tradition-bound staff of twelve psychologists plunged enthusiastically ahead with the program. The finest of accolades only have attended their efforts, and justifiably so on the basis of observed student improvement.

PROGRAMS ADJUNCTIVE TO THE THERAPY

A Title I program of the department adjunctive to the therapy is the Volunteer Aide (to the psychologist) Program. In reality, this program might be thought of as part of the facilitative therapy program, but it was initiated prior to the therapy program and continues in an assisting role.

This Title I program consists of volunteer lay aides who provide a one-to-one relationship with disadvantaged learners who are referred by the psychologists. The relationship is effectuated over various activities or school work. Such relationship is designed to facilitate emotional re-direction or re-education and to improve the self concept of the disadvantaged pupils served.

A certified teacher of the emotionally disturbed supervises fifteen volunteer aides, each of whom works for an hour or so on two to three mornings each week with an individual child away from the classroom. Each pupil is psychiatrically staffed for determination of placement with an aide.

This is a program that is sharply focused upon the one-to-one relationship and upon nothing else. It is but a single tool in the armamentarium of the school psychologist; it does not exist apart from the psychologist; nor can it.

The psychologists select its candidates, make the referrals, and supervise the teacher of the emotionally disturbed in her work with the volunteer aides. In other words, the child referred by any one psychologist always remains his case. See Chapter X for a more complete discussion of this program.

Two other adjunctive efforts to the therapy program are conditioning and cognitive structure building. These special efforts were made during the past summer.

As the department modifies a previous stance that was, for the most part, diagnostic-consultative, it moves not only in the direction of therapy but also in the direction of forming a team with the teacher in the very classroom, itself. Efforts, then, during the summer of 1968 in conditioning techniques and in cognitive structure building were attempts to implement the move toward the classroom.

These summer efforts were not to test the efficacy of systematically teaching for meaning or the efficacy of operant or instrumental condition. The usefulness of aspects of these two types of learning theories for the classroom teacher, it was assumed, is being demonstrated by research. The department's efforts were focused upon an attempt to build programs that would make these theories of learning relevant to the disadvantaged children in the classrooms of Milwaukee. These efforts will be reported in Chapters XI and XII by the psychologists involved.

PROBLEMS WITH DISADVANTAGED PUPILS IN THERAPY: HYPOTHESIS BUILDING AND PROJECTED RESEARCH

With regard to therapy, extant research and the literature in general deal with affluent groups. Very little work has been done with disadvantaged populations. This program under Title I necessarily must serve this over-looked population at the same time that it has had, at least, initially, to follow guidelines derived from work with middle class pupils. The psychologists will perform a real service for disadvantaged children across the nation if they are successful in extending therapy downward to these children, as it appears they are doing.

But what, if any, are the difficulties in providing therapy to disadvantaged pupils, especially within the school setting and when they may not be motivated for help? What influence does their often reported distrust play? Their reported inability to express themselves to middleclass adults? Their reported cultural commitment to settle felt difficulties with aggression? Their reported disinterest in school? Their other reported liabilities?

What strengths or assets, if any, as a cultural group did they possess and how did these influence the therapy?

Responses to these questions will be found in the chapters to follow, which were written by the psychologists who have come to know disadvantaged pupils in Milwaukee.

In these chapters, the psychologists will be discussing their observations of how disadvantaged pupils responded to therapy. Out of these experiences they will be building hypotheses some of which hopefully will be tested in later controlled research studies. (See Chapter XIV for a discussion of an evaluation model.)

At the present time, the only statistical information available are the simple descriptive data of Appendix II. These data reveal characteristics of the disadvantaged student population that was served during the past year.

ADMINISTRATION OF THE PROJECT

The program was under the direct guidance of the department supervisor, whose duties involved the on-going supervision of individual therapy cases and therapy groups and participation with the project psychiatrist in the weekly group supervision sessions.

THE THERAPY PROGRAM CONTINUES

Chapter XIII deals with the concern of where do we go from here. The program has been found worthy of being continued. Implications for the department as a whole must be ferreted out.

In this over-view only three more points need be made. Other specialized school personnel will continue to be utilized in supportive ways from time to time, and pediatric consultation will be added. The new directions of psycho-educational therapy and implementation of learning theory in the classroom are sufficiently broad for a staff of school psychologists to well serve disadvantaged learners in a large city system. The training of school psychologists for large urban areas, at least, will require considerable thought in the immediate future.

THE IMPORTANCE OF THE VOLUME AS A WHOLE

The reader should remain aware that an individual school psychologist, on almost any staff might have provided therapy to children and written about it. Thus, no one chapter in this monograph represents the thrust of the project reported. To sense the real significance of this program, one must comprehend all of the following chapters and hold in mind that these are written by a staff to represent that as a totality they have conducted a therapy program. If it can be done here, it can be done elsewhere. It is an activity that all members of the profession can perform. Therefore, therapy becomes a potential role for the profession of school psychology.

PART II

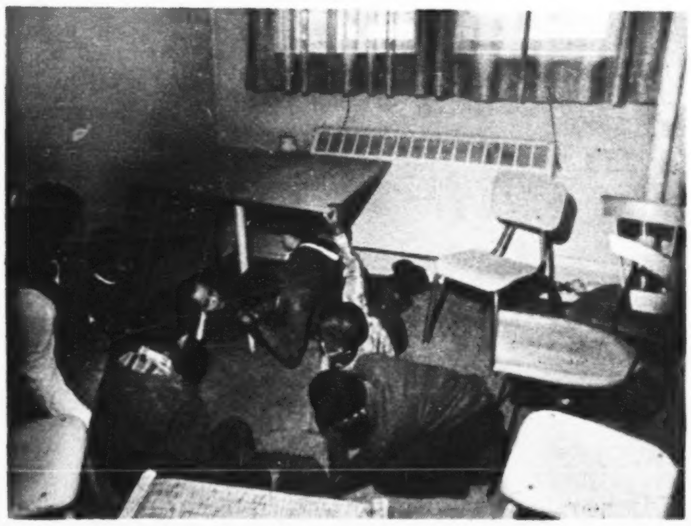
THE THERAPIES

CHAPTER III

GROUP PSYCHOTHERAPY

Thomas Zimmer
School Psychologist

Withdrawal from the group as the discussion becomes too threatening.



Group joins those who withdrew and continue the discussion on the floor.

One pupil who withdrew seeking out contact with the psychologist after the discussion on the floor.

High school students in non-public school explore problems of mutual concern.

Note: A number of pictures in the monograph were taken of actual therapy sessions but had to be staged with other individuals and re-photographed for reproductive quality.

Group therapy as a form of treatment has usually been limited to clinical settings. In certain instances it has been employed in schools, but these have been widely scattered and to a certain extent have been subsumed under group counseling or multiple counseling. It has never before been applied on a broad scale to what has become the most urgent, explosive and needful sector of education--urban disadvantaged school age children and adolescents. While this population has been subjected to intensive study by both educators and non-educators, very little research was found dealing with group therapy with disadvantaged children. In spite of this, it was decided to forge ahead utilizing a knowledge of group dynamics and relying upon extant studies of the behavioral characteristics of this population. To state it more bluntly, we felt pressured by current events and the knowledge that this group represented the "now generation," which demanded active techniques.

The problems confronting school personnel in the central city are by no means unique. They are the problems that every school staff must deal with. However, it is recognized that disadvantaged students present problems of such intensity and depth that they require therapeutic intervention of a corresponding depth and intensity. As a result it was decided that group therapy presented one of the most effective treatment methods for focussing upon problem students. Furthermore, it was felt that the students themselves would be more amenable to treatment if they were allowed to discuss problems within the supportive framework of a peer group. With this frame of reference the program moved from the planning to the operational stage.

The selection of students for group therapy was the responsibility of the individual psychologist. The basis for selection consisted of a diagnostic interview in addition to a diagnostic test battery which included intelligence, achievement, perceptual-motor and personality instruments. A full battery of tests was not employed in all cases as some students who were referred had been previously evaluated. Although the classroom teacher and school principal were the primary referral sources some referrals came from the students themselves. The self-referrals generally appeared after the program had been in operation.

Following the intake phase, the students were involved in a number of individual preparatory sessions. The purpose of these was to sensitize the student to respond to the group dynamics. However, the press of time and in certain instances the psychologist's own anticipatory response did not allow full utilization of this period for sensitivity training. The consequences of such decisions were experienced in a totally unexpected but predictable manner. For example, when new members were added to a group the absence of sensitization to the group process often caused an initial period of disruption.

Frequently the groups in the early phases were composed of students who shared a common problem. However, the psychologists discovered that extreme homogeneity is as undesirable as extreme heterogeneity. The groups that functioned most cohesively were found to have members who complemented one another. In other words, one member could frequently support and reassure another member and thus contribute to the effectiveness of the group.

Both boys and girls were included in a therapy group but generally the groups were not mixed. The overall age range was from approximately nine to seventeen years; in any one group the range generally was two to four years. The group sessions were conducted on a once a week basis for one hour.

Initially it was thought that most group work would be conducted in Rogerian style creating a climate for self-expression and maximal interaction. However, later developments indicated a change in the manner of approach, although the overall philosophy remained client-centered. Some of the issues involved structure and control. The students were desperately in need of information about this new environment; they had to know what constitued "out-of-bounds" behavior, how far they could trust this person (the therapist), etc.

As a result the individual psychologists often devised unique, if slightly unorthodox, ways of providing structure and control.

While rules were necessary, those arrived at by consensus of the group were adhered to most readily. In general, the basic rule required that the members of a group respect other members and the leader was also involved in this respect. Furthermore, violation of the rules was dealt with immediately and in as consistent a fashion as possible. Members were removed from a group for the period but they were never suspended from school for something that occurred in the group meeting.

Frequently what took place in the group sessions could aptly be termed a "happening." Initially it was thought that a plan of action was essential. Possibly one that had a question asking why, what, or when. While a plan was needed with goals and objectives stated, the manner in which these were attained was sometimes very indirect. For example most of the students could readily answer the question, "Why should we come to school on time?" and these were the same ones who were habitually tardy and who continued to be tardy. As a result the flow of the meetings was largely left in the hands of the members. The most significant result was that the therapists became perceptive listeners. It was an almost universal experience that things began happening when the therapist relinquished the role of the leader. (We use the word "relinquish" because it connotes a sense of reluctance which all the psychologists initially experienced).

In addition props and devices such as puppets, drawing, pictures, etc. were introduced in an effort to stimulate interaction and to lessen the task of verbalizing for children whose world was action--not words. Roleplaying was tried on a number of occasions, and in this regard stories and pictures proved invaluable especially with the primary children. However, one had to guard against artificiality by not allowing the therapy sessions to become an additional art or language development class.

When the group therapy plan was formulated in September all the psychologists referred to models based upon readings and/or experiences. All felt that group therapy was somewhat of a more efficient way of doing individual therapy. Then, too, having a middle-class orientation most expected to meet with students who were verbally facile and who could discuss problems and feelings. Within the first several sessions the shock of the unexpected had ameliorated and a period of re-examination set in. It was not sufficient to modify one's conceptualized model of therapeutic interaction but also one had to reassess the functions of a therapist and the goals of therapy. To say that this period was critical or stressful would be to grossly underestimate the impact of this realization. Coincidentally, reports of difficulty with the groups, feelings of therapist inadequacy and loss of group members began to emerge. One can conclude that this was part of the transference-countertransference process at work. In spite of this degree of cognitive dissonance the program moved ahead.

Similarly, the students' expectancies underwent transformation to some degree. Judging from their comments, one gathers that they were apprehensive, derisive and hostile about having to talk about themselves. In addition to this, they were unable to believe that they would get a chance to really talk about things. It seemed that the majority of students were extremely perceptive of themselves and others, but they were not able to express themselves. Frequently, the students would be acutely aware of the therapist's role and they would test limits in an effort to confirm or deny their expectations. One comment heard quite often in this fashion was "Why do we have to come here?" or "I ain't crazy; so I don' need no head doctor!"

The school administration also entertained certain expectations about the function of group therapy. In certain instances the administrators viewed the program as some type of holding mechanism. That is, they had attempted everything with particular students, now the psychologist inherited them and hopefully or magically something would occur which would reduce the pain of having the students in school. Another view could be likened to a healing tradition, i.e., if-only-one-is-saved-you'll-be-great.

Unconscious hostility also served to subvert the function of the program in some instances. By this is meant, that in some cases the school administration felt threatened apparently because it felt that its control over a particular student was lessened, and it retaliated by demonstrating its ability to shape students' behavior through suspensions or transfers.

Responses to the program on the part of the therapists indicated changes had occurred. The majority of the staff psychologists noted changes not only in the students but also in themselves. It was previously noted that many of the psychologists felt that group therapy was a more efficient mode of individual therapy. That is, one could work with larger numbers of students. However, it is now a consensus of opinion that group therapy is unique and not simply an extension of individual work. In short, it was learned that one could not do individual work in a group setting. Some psychologists reported their dismay over the response of the group when they attempted to help an individual student with a problem. Many times such an effort led to a splintering of the group to such an extent that the psychologist was literally pressured by the group to return to dealing with the group.

In the initial stages of the program one heard remarks regarding age, intelligence and motivation made with reference to group interaction. It appears now that motivation is a variable of singular importance. While age and mental ability were factors that had to be considered, in the last analysis the student's motivation was seen to be significant. In an effort to stimulate interest one therapist utilized reinforcement techniques (extrinsic motivators).

The opinion of the staff was that students needed to develop a vested interest in therapy; they needed a tangible object-goal since in many cases the concepts of self-expression or self-direction were vague and meaningless to the students. In this regard play activities or free activities were utilized as rewards for participating in the group. While this may sound strange, it is well to remember that many of the students referred for psychological services are frequently described as being at odds with their peer group. Hence the need to develop in the students a reason for attending the group sessions and being participants, even if their only contribution was that they adhered to the rules.

The psychologists did derive some feedback from teachers and administrators as to what happened as a result of a student's participation in the program. In general the replies were favorable, i.e., a change had occurred although sometimes it was not in the expected direction. At times students were observed to be making progress in terms of group participation, then they would act out in school and receive a suspension. Such behavior initially engendered considerable anxiety in that the psychologist felt he was being tested by both the administration and the student. Ultimately this conflict was resolved by establishing the fact that in the group the therapist had a primary (therapeutic) function and his secondary role was administrative. This in turn enabled the therapist to retain a degree of objectivity which was necessary to be effective in helping the student. In some cases the student voluntarily attended the group sessions while on suspension.

The students' reactions to the group therapy program varied. It appears that their responses ranged from active-participating through passive-complying to active-resisting. The students chose various methods for expressing themselves. At the primary level some drew pictures of themselves and/or the therapist. At this level the response was generally more favorable than at any other level. Secondary students sometimes took to remaining out of school on the day the group was scheduled to meet. A highly significant response mode was the non-verbal communication. One had to become cognizant of the expressive movements (foot shuffling, hand movements, etc.) and location of the students relative to the therapist. In short, one had to be aware of the sociological-psychological matrix that characterized the groups.

The therapeutic environment was also an important factor. Here the most significant fact was stability. That is, the group convened in the same place and at the same time each week. If any changes were anticipated it was vital that such issues be fully discussed with the group. In essence the groups demanded and depended upon consistency on the part of the therapist.

The past year was an exploration, on a large scale, of a relatively unknown area of school psychological services. Several conclusions may be tentatively drawn from this experience. First, the students changed in a positive manner as indicated by written comments of the teachers and the school administrators. Similarly, the behavior of the students underwent a transformation in the group setting. They were able to express feelings about themselves and others without becoming overly hostile and deprecatory.

Changes in the future operation of the program should consist mainly of a more thorough intake procedure. It is thought that a complete diagnostic evaluation should be completed before a decision is reached whether or not to select a student for a group. Then, too, more time must be allocated for adequate preparation of selected students for participation in a therapy group.[1] In this regard, more definitive criteria of the need for therapy as well as progress in therapy need to be established. This is not to imply that only those students with good prognostic indicators are to be selected. Rather, definitive standards could serve as measures of need intensity for treatment and this could aid in the construction of a therapy group. Ultimately this would enable the individual psychologist to program his time in the school and to maximize his usefulness to the school.

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[1] Some thought has also been given to the utilization of edited tape recordings of therapy groups in action. The recordings would be selected for student listening so as to demonstrate appropriate group dynamics. The student could then learn the expected role and in all likelihood have less initial fear talking about themselves in the group encounter.

In brief, the past year has been one of exploration and experimentation. Although the program lacks "hard data," it is felt that the descriptive reports of those closely involved with the students have demonstrated the feasibility of a group therapy program in the schools, especially with disadvantaged children. Moreover, the staff psychologists now armed with a year's experience feel a deeper commitment to the extension and implementation of a similar program in the coming school year.

CHAPTER IV

INDIVIDUAL PSYCHOTHERAPY

William C. Hoffmann
School Psychologist

Robert E. Voit
School Psychologist

Therapy with an individual pupil.

Relationship and communication in therapy are often aided through close physical proximity and the use of various materials.

INTRODUCTION

Twelve psychologists, under the auspices of Title I of the Elementary and Secondary Education Act, were engaged in providing individual therapy to children from areas of economic disadvantagement from September, 1967, to June, 1968. There are no clear indications from the psychologists that would indicate at this time a majority preference for individual therapy over other forms of therapy, for example, group therapy. It appears, however, that some psychologists, because of their previous professional backgrounds and experiences, feel more comfortable working with students in individual therapy. Nevertheless, if the major premise of the project is to be supported--that professional role activities consist of what all members of the profession can do--then all of the psychologists should be or become proficient, not only in individual therapy, but, in all of the other therapies included in the concept of psychoeducational therapy.

SELECTION CRITERIA

Students who were seen in individual therapy were selected initially by referral from teachers and the school principal, who perceived the child as in need of psychological treatment. Only students who were demonstrating the most seriously inadequate coping behavior in handling emotional problems were referred and selected. Types of behavior exemplified by these students were: withdrawing behavior; passive behavior; neurotic symptoms; and acting-out behavior. The latter category seemed to be the most prevalent.

A psycho-diagnostic case study determined the type and severity of the problem that the psychologist had to deal with. Generally, an individual intelligence test was administered; students who scored below 60 IQ were not deemed suitable candidates for this type of therapy but children with reading deficits of up to 6 years were considered eligible candidates for the program. Personality tests, projective and objective, were used in order to determine the degree and severity of emotional problems and the child's orientation to reality. Those who were deemed psychotic were not admitted to the program.

The following criteria were generally used as guides in determining an individual candidate's suitability for therapy at the present time:

1. Ability of the child and the psychologist to communicate with each other
2. Intellectual ability of at least that of an educable child
3. Sufficient ego strengths in order to be able to respond to therapy
4. Ability to test reality by differentiating external data from internal determinants
5. An identifiable emotional or social adjustment problem that is interfering with school learning and which in the psychologist's best clinical judgment is modifiable in a one-to-one therapeutic relationship in the school setting.

INDIVIDUAL OR GROUP THERAPY

The decision, in most cases, whether a child should be seen individually or in a group was based on the psychologist's own opinion as to which treatment would offer the better prognosis for success. This prognosis was, in turn, influenced by the personal biases, backgrounds, and abilities of the psychologists. This probably means that the psychologist should know himself and treat students in view of this knowledge, but his role is to stick with a case until something positive happens.

TYPES OF CASES

Students who were seen individually can be classified into several general types of cases. The following are some examples:

1. The student whose problem is so personal that group exposure is not advisable.
   A nine year old girl, who was very depressed and had a multitude of problems which centered around the family, felt that she wanted to relate these to the psychologist, but found it impossible to openly discuss them in a group.
2. The student who might be subject to trauma in a group setting.
   A fifteen year old boy who was having serious male role problems, was deemed by the psychologist as a poor candidate for group therapy within the school setting.
3. The student who needed to be seen individually as preparation for group therapy.
   Some psychologists felt that group therapy candidates should be seen for several sessions on an individual basis so that rapport could be established and so that the psychologist could give the student some idea of what to expect and what would be expected of him during the coming group sessions.
4. The student who needs the one-to-one relationship to establish communication.
   A five and one-half year old kindergarten girl whose presenting problem was diagnosed as "elected" mutism, was seen individually because her very subtle and slowly developing attempts at communicating seemed to require the careful and undivided attention of the psychologist.
5. The student whose parents were unwilling to have the child seen in a group.
   Several psychologists indicated that there was a lack of parental response when permission was requested to see the student in a group setting. Consequently, these students were then seen individually after tacit approval from the parent or where it was felt the parent would not voice any objection to individual therapy. Part of the confusion may have been due to the public's misinterpretation of the terms, psychologist and psychiatrist. Some parents seemed to think of the two as being synonymous. Parents,

therefore, refused to have their children in a group with other children who were "crazy." In some instances, parents requested that the students be seen individually.

6. The child who was of an age much different from others that the psychologist was working with.

   In some schools, particularly in those which had a small population, the students referred represented a span of ages too great to form a workable group; for example, it was thought to be untenable to have a six year old with a group of twelve year old boys.

SPECIFIC CASE EXAMPLES

The following are some particular cases which illustrate the tremendous variety of problems that exist among school children in a large city:

1. An adolescent boy who expressed much anxiety over the fact that he and his mother were jointly involved in aberrant sexual behavior.
2. A fifth grade girl with many psychosomatic illnesses.
3. A primary school boy who was very hostile, hyperactive, and narcissistic.
4. An eleventh grade girl who had experienced a marked academic achievement decrement in school.
5. A sixth grade boy who was subject to much name-calling and ridicule.
6. A kindergarten girl who refused to talk or participate in classroom activities.

AIMS OF INDIVIDUAL THERAPY

In the very broadest sense, the aims in individual therapy were to relieve the student of distressing neurotic symptoms or discordant personality characteristics which interfered with satisfactory adaptation to a world of people and situations. In the narrowest sense, more specific objectives were those intended to help the individual deal with unique problems and conflicts, always with the aim of increasing the student's ability to profit from school.

Most of the psychologists, constantly aware of the dynamics that are involved in the school setting, tried to provide within the school a warm and accepting atmosphere wherein the student could obtain help.

TECHNIQUES EMPLOYED IN INDIVIDUAL THERAPY

Rapport was felt to be the critical ingredient for success in dealing with students and was, therefore, nurtured and cultivated.

Many different techniques were utilized in individual therapy. These methods depended upon the age of the student, personality and behavior characteristics of the student, ability and experience of the psychologist, and facilities and physical setting available. Although both non-directive and directive techniques were employed, the non-directive therapeutic technique seemed to be the most widely used. Several psychologists apparently used an eclectic approach in particular situations. More specific examples of devices used were play therapy; role playing; tutoring-therapy with accompanying programmed instructional materials; manipulative activities with arts and crafts; games and dolls; creative use of books; and, discussions.

Discussion appeared to be the most commonly used approach, often supplemented with motor activities. Younger children seemed to profit most from activities such as role playing, drawing, and doll play as avenues for catharsis and communicating and clarifying feelings.

Although the size, location, and make-up of the therapy rooms appeared to influence certain techniques and results, they did not appear to be as crucially important here as they did in a group therapy setting. It seemed more important to make use of the same room, no matter what its size and condition, so that the student, especially the younger student, could feel more secure by identifying with the familiar surroundings.

THE THERAPY SESSION

The psychologists had a great deal of flexibility in determining and utilizing techniques and therapeutic approaches they considered most effective in their situations.

Students were seen for varying periods of time during periods of four to eight months. Sessions ranged from 30 minutes to one hour in length. One psychologist talked with a high school boy during one particular session for two and one-half hours. Most students were seen once a week; however, some students were seen twice a week. Occasionally, the psychologist was not able to see a student during the week because of unforeseen emergencies. It was reported by some that when sessions were missed by the psychologist without prior notice, it produced considerable resentment on the part of the student. It was generally felt that the resentment reflected their past deprivation in association with many other presenting problems, and therefore, great care needed to be exercised to notify students in advance and to substitute another appointment within the week wherever possible.

One psychologist observed that there was a significant difference between elementary and secondary students in their ability to tolerate the intensity of the individual therapeutic relationship. The elementary students appeared to "tune out" after about 30 minutes; they had to shift their attention from internal to external perception. The high school students, it seemed, were able to handle the "50 minute" hour much more adequately.

REPORTING

Diagnostic case studies were made of every student taken into therapy. A statement of the case study along with findings and recommendations were included in an initial report sent to the school and also placed in the central file. Progress reports and terminal reports were also utilized extensively by the psychologists.

RESULTS

Evaluative comments by the psychologists suggest that observable outcomes of individual therapy fell along a wide continuum. Most cases fell between the two extremes of complete failure and total success. It was difficult to ascertain the reasons for success or failure with a student.

Speculation would deem it a combination of many factors, some of which might be intellect, expressive ability, the degree of personality or neurotic handicaps, the ability to deal with reality or ego strengths, degree of participation, motivation to change, timing of circumstances and events during therapy, flexibility of the psychologist in working with certain character traits, and many other intangibles specific to the individual problem.

Although it was generally agreed that no therapist will feel completely satisfied with all cases, the psychologists very decidedly felt that the general results of the individual therapy program were quite positive and the over-all program significantly successful.

THE SCHOOL'S REACTION TO THE PROGRAM

The personnel of most schools, including teachers and principals, seemed to feel that there was much merit in the program and reported that significant changes of behavior could be observed. Some administrators felt that the younger students should receive more attention because of the speculation that they would be more amenable to change and that the school would reap more benefits from the therapy. Others thought that attention should be concentrated on the older students because of the need to find solutions to apparently acute behavior problems of disruptive magnitude in the school setting.

THE CHANGING ROLE OF THE PSYCHOLOGIST

Many of the schools had difficulty in perceiving the psychologist as a therapist and dealing with him in this role. They found it difficult to adjust to many of the concepts which are traditional in a clinical setting but new to the school building. The dynamics and nuances that are employed in psychological therapeutic techniques may have seemed esoteric and inappropriate. The direct relationship between behavior and these nuances were difficult to see and appreciate.

It also appeared that there was a strong carry-over of the image of the diagnostician, and it was initially difficult to modify this image among particular administrators and some school personnel. The non-public schools indicated desire for proportionately larger blocks of time to be devoted to individual diagnostic case studies as compared with the public schools. This could possibly be attributed, in part, to the presence of the psychologist in and of itself as being an innovation for the non-public schools; also, unlike the public schools, the Title I psychologists are the only psychologists available to these schools and they must carry the complete load of psychological work.

PSYCHOLOGISTS' REACTIONS TO THE PROGRAM

Almost all psychologists who participated in the therapy program felt it to be a unique opportunity in school psychology. They generally felt the program to be meaningful to themselves as professional psychologists, and to students as a means of self-help in developing insights regarding, and changes in, their behavior patterns.

Some psychologists recommended specific changes that should be effected or mistakes that they would rectify during the succeeding school year. A few of those mentioned were: a sufficient quantity of activity materials be available so that they could be stored at each school and not have to be carried by the psychologist; an attempt be made to be more flexible in time schedules; e.g., seeing some students as little as once every two weeks and others more frequently, up to twice a week for situations deemed acute by the psychologist; grouping some of the students seen individually; greater use of

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facilitative therapy which is discussed in another chapter, and effectuating more home involvement in conjunction with individual therapy.

CRITERIA FOR TERMINATION OF THERAPY

Students were terminated from the program for the following reasons:

1. Truancy: The psychologist felt that if a student with a pattern of truancy missed three or four sessions in succession it was difficult to re-establish rapport and channels of communication with him. Generally, students in this group were suspended by the administration because of the truancy problem.
2. Excessive Absences: Students who were intermittently absent over short periods of time were felt to be poor candidates for continuing therapy.
3. Improvement Feed-back from Teacher: Students were sometimes terminated because of positive changes in behavior or academic progress as evidenced by the classroom teacher and supported by the psychologist's opinion of the student's personality and motivation.
4. Psychologist's Evaluation: In some cases students were terminated from therapy when the psychologist witnessed perceptive changes in the student's behavior or attitudes.
5. The Close of the School Year: Students were generally terminated at the end of a semester or at the end of the school year. Written reports were sent to each administrator apprising him of the progress and prognosis for each student.

CASE HISTORIES

CASE A

A case that illustrates quite dramatic results was that of a thirteen year old, extremely overweight boy who was presenting many behavior problems, some of which were hostility toward his peers; classroom disruptions; refusal to do school work; and lack of respect for parental authority.

After many sessions of reorganizing his accumulated experiences, attitudes, thoughts, and feelings, he seemed to acquire considerable insight into his problems. After a rather traumatic emotional breakdown during a therapy session, it was mutually decided that the boy should go on a diet. During the next three months, after a visit to the doctor, his weight had gone from 233 pounds to 180 pounds.

The most striking aspect of this case, however, was the fact that the boy's attitudes, in fact his philosophy of life seemed to change dramatically. His teacher was amazed at his desire and effort at doing school work; his behavior became more positive; he suggested to the principal that he would help with the discipline of some younger cousins who were behavior problems in his school; his mother stated that he would now help her around the house; and the principal noted that he even looked happier when she observed him in the halls.

Later, when he was admitted to a therapy group of five other boys, he made some of the most helpful contributions. Even though they taunted him unmercifully, at times, (for he was still quite over-weight) he was able to maintain his composure.

CASE B

This is the case of a five and one-half year old kindergarten girl whose presenting problem could be classified as "elected" mutism. She talked at home and to some peers in her class, according to her teachers. She never responded verbally to any adult in school, including the psychologist.

Attempts to test her, using the performance subtests of the Wechsler Pre-Primary Intelligence Scale were unsuccessful, but her partial success with one test indicated that when functioning at her maximum she was probably of high average intelligence.

Play therapy was the medium used to help this child work through her problems. The overall program was a combination of controlled and free play. It was controlled to the extent that cloth toy animals were selected because they would permit her to manipulate them, handle them roughly, or tear them apart, as she eventually did do with the first set. It was free in that she was permitted to play without any directions or restrictions from the psychologist. Generally, her activity with the toys involved a constant shifting of the items on or about the two surfaces she used as play areas. Her manipulation of the toys seemed to be indicative of her efforts to find friends and to get people to relate to her. At times, she looked to the psychologist for approval after completing a maneuver.

There were observable changes in her reactions to the psychologist. Eye contact went from almost none to frequent looks for assurance and approval; in all later sessions, the child tended to include the psychologist in her play activities; she became much more spontaneous in actions and movement; preplanning on the girl's part was suggested by the way she began some sessions.

Changes in classroom behavior were also reported. Her teacher indicated that her class activities had improved until her completed projects were comparable to those of her peers and that she was much more spontaneous in her responses. One of her classmates, who was also being seen by the psychologist, interestingly, began relating to him things that the girl had said to her.

Her spontaneity and the establishment of a working relationship with the psychologist gave some hope that she will learn to relate to other adults. From a stare in response to a question, to a slight affirmative nod of the head indicates just how much growth had taken place.

DISADVANTAGES

Psychologists dealt with children and their problems primarily on emergency referral basis. Ideally, many factors were missing that a psychologist would desire in a formal therapy approach. Psychologists dealt with children and their problems in the situations where they were found. However, even the casual reader can appreciate the myriad problems and obstacles that confronted the psychologists and students in the monumental task of responding to school and pupil needs often in direct opposition to each other. Furthermore, the wretchedness or poverty and disadvantagement of the children too often has indelibly stained the lives of these children and the re-molding process is long and circuitous. Some of the factors listed below were found to be of importance in our work:

1. Intelligence: Many students had IQ scores 15 or 20 points below the average for children of their age. It could be surmised that this was due, in great measure, to such factors as severe early malnutrition, cultural deprivation and other environmental and experiential limitations. These factors depressing potential were difficult to appraise; and these children would not ordinarily have been worked with by many other agencies and programs because of low measured abilities.
2. Cultural Background: Many children were the products of broken homes and in which there was not a father-figure. Poverty conditions appeared to be self-perpetuating and many of these children seemed enmeshed in the web of poverty and despair. Most psychologists, having middle class backgrounds, found this a difficult and significant factor affecting the communication of ideas, feelings, and general nuances with children from lower socio-economic backgrounds. Due to the lack of a father-figure in the home, in many instances, the preponderance of male psychologists in the program was thought to be a positive factor.
3. Lack of Motivation: Lower class children have generally been associated with lack of motivation and will power. Most of our psychologists found this to be generally untrue. There was natural resistance and defensiveness in the beginning on the part of many students as a carry-over from previous contacts with "workers and agencies." Children and parents in poverty areas seemed inclined to be suspicious of all who "want to help"

because of repeated instances when their lives had been pried into and their dignity had been affronted. Once this initial resistance was overcome and genuine sincerity was felt, rapport was easily established in most cases. These students often became highly motivated to change and in each session seemed to gain momentum.

4. Lack of Verbal Communication Skills: Many students seen in the program had a language deficit of anywhere from three to five years. These children wanted to communicate with the psychologist once rapport was established. The biggest problem that many psychologists faced was learning their "language and idioms" and willingness to communicate with them on this level.
5. Lack of a Positive Self-Image: Generally, most of the students involved in the therapy program could be described as having a negative self-image. This seemed difficult for some teachers to grasp, especially when they had aggressive acting-out students. For many of these students, this was merely a facade to mask the inner conflicts and feelings about themselves. Many of these students viewed themselves as "losers," "punks," and as being "mental,"--the last being a term to describe perceived low intellectual abilities.
6. Distrust and Apprehension: Students from lower socio-economic backgrounds frequently expressed misgivings about special service personnel because of previous exploitation and negative experiences with them. This immediate problem was overcome once rapport was established and the student felt secure in a trustful relationship. Another problem that had to be dealt with was the confusion in terminology between psychologist and psychiatrist. Many students thought the "psychiatrist" was going to declare them "nuts" or place them in an institution, or that they would be ridiculed by their peers for coming to see the psychologist. Once the role of the psychologist was clarified this problem usually disappeared.

7. Therapy for the Disadvantaged: Traditionally, therapy was believed to be effective only with people who had at least middle class backgrounds. The psychologists in this program generally felt that this was a false assumption. The results obtained in this program tend to indicate that therapy can be applied to lower socio-economic classes. However, it is felt by the psychologists that there are initial problems that must be anticipated, and dealt with, as outlined above,--conditions that would not be as pronounced or as threatening to a middle class therapist in a middle class situation. It undoubtedly takes a great deal of honest self-evaluation, tolerance, and understanding on the part of the psychologist in order to deal effectively with each individual in a lower socio-economic setting.

CHAPTER V

FACILITATIVE THERAPY

Gordon S. Leonard
School Psychologist

Psychologist visits school to which one of his pupil-clients has transferred. Here, he plans, with school administrators, the local school psychologist, and other supportive services personnel, for the pupil to continue receiving facilitative therapy at the new school.

Facilitative therapy with an individual pupil and with a small group. Improving basic sensory-motor skills prerequisite for academic skills.

Facilitative therapy comprised most of the psychological work done in the schools that did not fall under the areas of individual or group therapy with children, teachers, and/or parents. All of this therapy conformed to a treatment design. In facilitative therapy, the psychologist made a psychodiagnostic study which suggested that psychological means other than individual or group therapy might better secure the child's needs. In such cases, the psychologist would work with the child directly or through school personnel, and/or parents, who then worked directly with the child, in an attempt to aid him in his progress and fulfill his needs. Such help in academic areas often proved to be a useful vehicle for reaching the child socially and emotionally as well.

A simple illustration of the mechanics involved in the facilitative program may be seen in the following example: Because of his stuttering, a child was referred by his teacher to the psychologist. The parents had also shown some concern but seemed unsure of what actions should be taken. From a diagnostic study of the child, in addition to having conferences with both the teacher and parents, the pattern of stuttering became clear along with its etiology. The diagnostic knowledge obtained suggested that few primary emotional abnormalities were present and that apparent emotional problems were secondary to other difficulties. Furthermore, it seemed that an individual or group therapy program would only create additional stresses by bringing increased attention to the child's stuttering.

As a result of the diagnostic study, it seemed necessary for information to be presented to both the teacher and parents which would aid them in helping the child cope with his stuttering. The main aspect of the psychologist's work in this case was to reduce teacher and parental anxiety and provide them with appropriate methods of responding to a stutterer. Thus, in this example, the psychologist spent his time working with both the parents and teacher who actually did the therapeutic work with the child.

CHILDREN CHOSEN FOR FACILITATIVE THERAPY

There were many factors related to the problems which children had who were referred to the facilitative program. Some of these factors seemingly would have made it impossible for group or individual therapy to be successful. Thus, a child was seen on a facilitative basis in conjunction with individual or group therapy or only on a facilitative basis depending on the various factors in the case.

In many cases the children chosen had learning problems with or without emotional difficulties as resulting symptoms. Such cases included children with suspected brain damage, children who had perceptual difficulties, those who had somehow missed part of the basic knowledge necessary for academic growth, and those who had emotional problems resulting from environmental conditions which needed to be corrected through some person important and close to the child.

There were other children who had emotional problems but could not relate in therapy sessions to the therapist and peers. In such cases, classroom peers worked with the child under the psychologist's supervision. Peer aides were also used with children who could not easily take direction from authority figures but who could take direction readily from peers.

Some of the children who received facilitative therapy also were seen concurrently in groups or individually by the psychologist for additional therapy sessions. Often such students were children who had emotional problems which were inhibiting their academic progress. It thus proved necessary to work facilitatively to help build where academic growth had progressed poorly, although the psychologist was personally treating the child's primary problems which were emotional.

ACTIVITIES OF THE THERAPIST

In working with a particular child, the therapist's first function was to determine through psychodiagnostic techniques and interviews with those who knew the child what type of available therapy could be used most effectively. Also, in the process of making such a decision, if facilitative therapy was chosen, the psychologist needed to determine what specific approaches would be best and through what persons the child could receive help.

The decision concerning who could work with the psychologist depended on what resources the school and parents had to offer. The time available for teachers and parents to work with a child, willingness to cooperate, and attitudes were among a few considerations. Often, the techniques used dictated to some extent who would work with a child. For example, if a child was having compounded difficulty because his slow progress raised anxiety in the teacher, which in turn caused the teacher to respond negatively to him, the psychologist might reassure the teacher that the child was doing as well as possible in the class and suggest techniques to help the teacher. The psychologist might also have frequent conferences with the teacher. Thus, the need to reassure the teacher and suggest new techniques to facilitate more productive interactions between the teacher and child is an obvious example of how the technique used determined who the individual working with the child would be. In some cases, material such as programmed learning material could be used with almost anyone in the school who was willing to take the time.

While working with school personnel and parents, the psychologist would attempt to interpret changes which occurred and answer any questions in addition to suggesting techniques which could be used. Also, there were many informal cases involving interpretation of behavior to school personnel. An informal case would be one for which there had been no referral. In such a case, the psychologist would usually be asked to explain what was happening or suggest how a teacher might react to a particular behavior. Often, after discussing a problem, the teacher then would be asked to fill out a psychological referral so the psychologist could continue working with the child over a period of time. Many times, however, there were numerous conferences without any referrals being made.

The use of various techniques will be included in the following discussion of work done with children through school personnel, parents, and others.

FACILITATIVE THERAPY THROUGH TEACHERS

This program provided an opportunity for teachers and the psychologists to have a continuing and increasingly meaningful exchange of ideas after becoming accustomed to working with each other. Such a function is necessary because the psychologist does not function by himself but works with school personnel. Nevertheless, this therapeutic approach should not be confused with consultation. In this program the psychologist feels responsible and is, indeed, directly responsible for the facilitative treatment. Thus, between the psychologist and teacher there is a team effort, and, as with most teams, working together for a period of time produces a more efficient and, hopefully, more effective effort.

For the facilitative program to work satisfactorily, however, the teachers involved must have a positive attitude toward the psychologist. He must be viewed as an individual who will help generate ideas, who will not make value judgments concerning the teacher's abilities, and who is not working with a particular teacher because that teacher is inadequate in some way. If a teacher feels that the psychologist is there to help because she is inadequate in some way then facilitative therapy will fail. Success requires the psychologist to help the teacher understand that a new approach needs to be tried, one that cannot be taken by a single person but which requires a team and which is not intended to "take over where teacher's efforts have failed." There must be a feeling that a strength greater than that equal to the sum of the team members working separately is gained by mutual cooperation. Thus, the psychologist must be seen as someone who is adding to the teacher's work rather than filling a void which the teacher should have had the skill to do.

In working with teachers, programmed learning materials were often used. Also, techniques for helping an individual child interact more satisfactorily with other children were suggested. Often, a teacher was not sure of how punitive one should be with a certain child in various situations or how much should be expected in academic performance. Techniques for working with brain damaged children such as using Frostig Materials were also discussed with teachers.

The special education teachers in some of the schools worked well with many of the psychologists. In one case, a girl nine years old entered school for the first time. This girl had been diagnosed as hydrocephalic at birth and placed in an institution for the retarded at four months of age at the recommendation of her physician who had told the parents that she would be retarded. An IQ test was administered to her at one and one-half years of age, but it was mis-scored. From then until she was eight years old, she did not receive any more testing. At the age of eight, she was temporarily transferred to another clinic for surgery. While in the new clinic, someone questioned her mentally retarded label. She was retested and found to be of borderline verbal ability and average performance ability. As a result of this new testing, she was placed in the public schools. However, before placement her parents moved to Milwaukee. So, she first came to us as a new student with no records. She was referred to the psychologist who knew nothing until months later of the previous information that she had been in a home for the retarded and had never been in school. After testing, the psychologist came to the conclusion that she did have an average potential intelligence. However, she was inexperienced socially and academically. Her behavior was similar to that of a kindergarten child who is cooperative and wants to attend school but has to be shown what is expected. Her intellectual abilities were typical of a child coming from an impoverished environment.

There seemed to be no place for this girl. She needed remedial work in all areas and the opportunity to grow socially. To put her in a regular class would not have been satisfactory because the teacher had little time to teach social habits, which is usually done in kindergarten, and to provide remedial work, starting at the first grade level. The child was, therefore, placed in a class of the retarded. However, it was made clear to the teacher and school that the child was not mentally retarded, and what the teacher would have to do in terms of remediation was explored. Also, a class was chosen which had a teacher who was willing to do the work necessary. The psychologist met regularly with the teacher to continually reinforce the proper understanding of the child, to follow the child's progress and to generate ideas for working with her.

After seven months, the child was progressing rapidly. She had covered the regular academic material starting at first grade level at approximately twice the rate of an average child in those grades. Furthermore, she had gained greatly in social abilities and had learned to interact with peers quite well.

Many times, it seemed as though the "child's problem" was just an excuse for the teacher to talk with the psychologist and that the real therapy was being done with the teacher on an informal basis. On other occasions, teachers requested "conferences" with the psychologist for his "advice." However, in these conferences most often frustrations concerning school and personal problems were discussed. These conferences often concerned subjects of which other staff members had very little or no knowledge.

The most severe problem was the lack of time which teachers had to give. Often they were contributing as much time as possible to the children before referring to the psychologist. When this was so, it became necessary to find others in the child's environment who would work with him.

FACILITATIVE THERAPY THROUGH PARENTS

In some cases parents were involved where the psychologist felt there were sufficient resources available within the family relationship. One such case was that of a first grade child who was referred because of disruptive behavior in class. The psychologist felt that her problems resulted from the home situation and that it would be better to work with the mother who was twenty-three years old, divorced, extremely dependent, had many self doubts, and who lived with her parents. The psychologist saw the mother to help her interact with her child more satisfactorily and with greater understanding of the child's behavior. These conferences gave the mother support and a much needed release for her feelings which were being displaced toward the child. The child had shown some improvement by the end of the year and will be continued in the program next semester.

At other times, the psychologist was requested by the principal or teacher to talk with difficult parents who were coming to school for a conference or who came to school so frequently that the teacher did not have enough time to deal with the parent's anxiety over their children. One mother who was overprotective often came to school to complain of the poor way, in the mother's opinion, that the teacher had treated her child physically such as expecting him to play outside with other children most of whom the mother considered to be too rough. The teacher finally referred the mother to the psychologist who helped her react more realistically toward the child and grant him more autonomy.

There also were many cases in which the psychologist was asked to explain the nature of a child's problems to the parent. This occurred most often in learning impairment cases. It was necessary to explain the nature of the impairment and help them accept it. Also, it was necessary to help parents see positive signs and abilities in their children. In contrast to the typical role of the consulting school psychologist, the role of the psychologist who is engaged in these activities as facilitative therapy involves such factors as responsibility for the detailed planning of the case, active manipulation, careful follow-through, and continuing with the child until positive changes occur.

FACILITATIVE THERAPY THROUGH LAY PEOPLE

It often happened that lay individuals were available who were willing to devote time to work with specific children. These people could be aides who were employed by the school and volunteers working under professional supervision.

The volunteer aid program was established by the psychology department to supply aides to work regularly with children in a one-to-one relationship. The program was so important that a chapter of this report will be devoted to its description.

An illustration of how aides were used is given in the following example of the work that a social worker's aide did with one child, working in this regard under the direction of the psychologist. This child was referred for what appeared to be, observing from his disruptive behavior in class, emotional problems. He was a P5 student (first semester of third grade) who was reported to be so emotionally disturbed that he disrupted the class to the extent that he did not give himself a chance to learn and that he was "impossible" to teach. Furthermore, the child confabulated to a great extent. Upon testing, it appeared that he had primarily a visual-motor problem which had caused him to miss learning much of the basic academic material which is needed for more advanced work. Furthermore, he had difficulty even printing his name. Academic achievement seemed negligible in most areas. The confabulations appeared to be an attempt in fantasy to be successful and escape from the frustrating realities of life. Furthermore, the class disruption seemed to be a direct result of frustration from an inability to do almost everything presented in class which was academic. There were two important strengths present. The child had a normal level of intelligence and worked well in a one-to-one relationship.

No special classes were available and the teacher did not have the time to work individually with this child. However, the social worker offered the services of an aide who could do what was considered "remedial" work with the child for two one and one-half hour periods per week.

The psychologist started the aide and child working on programmed learning material at a pre-kindergarten level. Also, there were weekly conferences between the aide and the psychologist to discuss the child's progress and to answer questions which the aide had.

One issue often discussed was how to react to the child's confabulations and what their purpose and meaning were. Also, the extent to which actual time should be spent on the learning materials was discussed. Another problem which developed was how to correct reversals in writing. The psychologist also explained the basis for the problems observed by the aide and how they came about.

Another role which was played by the psychologist in this situation and has already been mentioned is that of a catalyst. Of course, discussion of the above problems was catalytic. However, the psychologist was also able to respond to the aide's need for honest praise and a sense of fulfillment. This was done by constantly comparing the child's work at various points in time, pointing out significant changes taking place which were not always obvious, and acknowledging the more obvious improvements.

Improvements in this case were dramatic. The child seemed to gain many of the basic concepts needed for further academic growth and to gain a sense of greater personal worth. His reading and writing improved to within limits for children in his class, the disruptive behavior disappeared, and he quit confabulating almost completely.

FACILITATIVE THERAPY THROUGH PEERS

Very little was done using peers. It seems one reason for this is that the psychologists felt they were more effective using other individuals in facilitative therapy. The following is an illustration from the limited amount of use which was made of peers in facilitative therapy.

A child had been able to establish meaningful relationships with authority figures although she was very timid and insecure. But, she seemed unable to overcome the feelings which blocked her relationships to peers. The child needed to feel some acceptance from her peers and obtain help with academic problems. The psychologist chose a peer to use as a model and, at first, sat in on sessions with the child and her peer. Later, the two children worked by themselves. The child in this example demonstrated some progress in school but still had many problems.

Because of the limited number of peers used for facilitative therapy, it is impossible to generalize about their effectiveness. However, most of the psychologists felt the use of peers had much potential.

FACILITATIVE THERAPY THROUGH SCHOOL ADMINISTRATORS

In many cases, rather than asking for testing or therapy, school administrators, usually the Principal or Vice-principal, frequently requested conferences concerning children who were problems in school. When this occurred, help of some type was given immediately. This was usually done in the form of listening to the administrator describe the problem, thinking through it with him, and suggesting other aspects of the problem. When it appeared that the psychologist might find it beneficial to do further work with a particular child, the school was asked to turn in a referral. Many times, this was not done because the administrator only wanted the psychologist's opinion which did not depend upon complicated diagnostic work. Sometimes, the psychodiagnostic work had been done the year before by another psychologist and the administrator might wish only a short explanation of how to put into effect the previous psychologist's recommendations. Also, in some instances, the psychologist would be requested to attend a parent conference or be present at planning sessions with the principal and other supervisors.

FACILITATIVE THERAPY CONTRASTED TO THE OLD PROGRAM

The role of the psychologist in the facilitative therapy program, when compared with the guide lines of testing and making recommendations, at first does not seem to differ greatly from the program offered previously. Yet, there are some major differences which make the present program much more flexible and more effective. The main variation from the previous method of operation is that the present facilitative program is a sub-section of a greater program which, to be effective, depended upon a change of attitudes by school personnel toward psychological services. That is, the school came to place emphasis on quality in the work being done as opposed to quantity as measured by the number of reports which were written. It was difficult under the old system to check routinely with teachers and follow a child's performance throughout a period of time when new testing and a written report for a new child were always wanted immediately upon completion of the report and recommendations for the present child. Under the new program, it was understood that the psychologist would be doing much less testing and as a result little effort was made to encourage continual testing of other children which would interefere with work being done for the children presently in process.

It appears that under the new program fewer children were seen but there was greater response of the school and parents to psychological recommendations as a result of the psychologist's frequent presence acting as a catalyst. Also, the psychologist was able to bring a new teacher's attention to a child's particular problem before unnecessary difficulties due to the teacher's lack of awareness arose as a result of being unfamiliar with a particular child. For example, a student did not have to suffer the indignities and frustrations of failing in front of his peers because of material having been given to him which was too difficult before the teacher discovered through behavior manifested in class that the student was far below the level of ability at which he was initially expected to perform. Thus, under the facilitative program, educational planning could start at the beginning of the school semester and at other times when there was a new teacher present rather than at a much later date after the teacher became familiar with the child.

CONCLUSIONS

Most of the psychologists participating in the psycho-educational therapy program used the facilitative approach to a relatively limited degree and emphasized group and individual therapy in their work. In retrospect, however, some felt they should have used facilitative therapy to a greater extent for several reasons. By using facilitative therapy, the teacher can be made to feel as part of a team, can be included to a greater degree in the plans for children and be more informed concerning the child's current progress because of the increased communication resulting from a team approach. Also, by involving the teacher to a greater extent, it was felt that in many cases much teacher anxiety and consequent defensive attitudes could be reduced as the teacher became increasingly familiar with the psychologist's methods. Such a change of attitudes would have aided the psychologists in group and individual therapy since defensiveness may result in many cases because the teacher may see each psychologist to only a limited extent and be uncertain of the psychologist's attitudes and modus operandi.

Another reason for the psychologists' opinion that facilitative therapy could be utilized to a greater extent was that it is less emotionally fatiguing than the other therapies. Many psychologists felt that by assuming a full schedule of group and/or individual therapy they had extended themselves too far. However, to spend some time in a school working with teachers would have given them a new activity which would have increased their effectiveness in later group and individual therapy sessions.

It should be kept clearly in mind that this was not a controlled study of facilitative therapy. However, it appears that it was effective in some cases and probably did not have negative effects in the other cases. This appears to be so because of the selected population which was served. In most cases, the children had been having their particular problems for years and were becoming worse when compared to their peers. Thus, positive changes were probably real and not due to chance since spontaneous remission after so many years in most cases was highly unlikely. Furthermore, cases which did not respond to facilitative therapy seemed to continue in old patterns with no significant change. Thus, it appears highly probably that negative effects resulting from facilitative therapy, if any, were negligible.

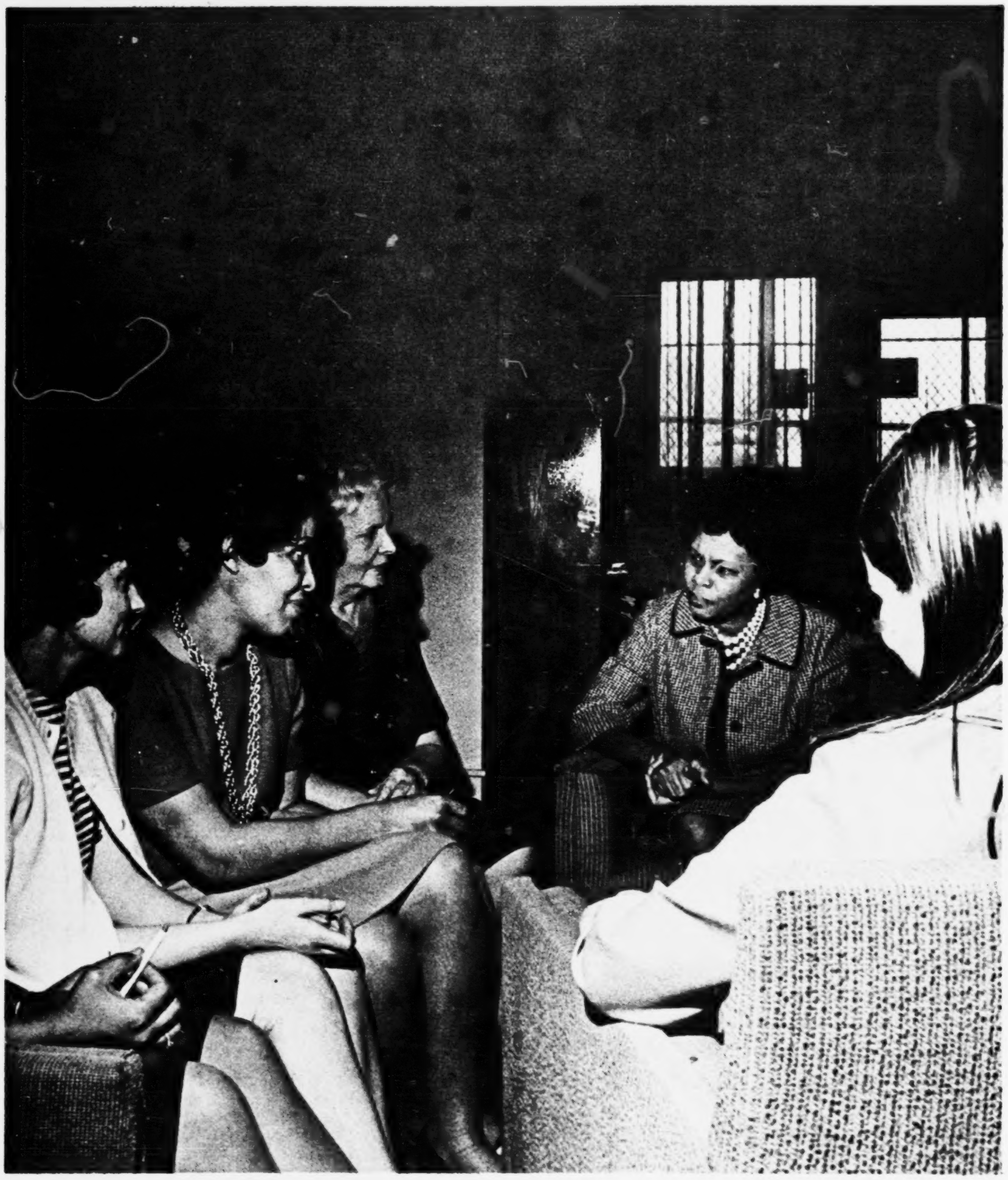
One problem with our over-all psycho-educational therapy program, which indicated the need for modification, is the need for psychologists to include facilitative therapy in their programs next year to a greater extent, although group and individual therapy will probably still remain dominant and be used more than facilitative therapy.

In summary, the facilitative program gave the psychologist increased time for the development of more meaningful interactions with school personnel which, under the old school psychology model, was not available because of the psychologist's need for seclusion from the school staff in order to test children and the constant pressure for more reports and testing. The facilitative program also enabled the psychologist and school staff to develop a more effective team approach through the sustained effort of working together rather than leaving the school personnel to function individually with psychological recommendations which they often questioned or only partly understood. It now appears that in the future, facilitative therapy will be used to a greater extent and will be more effective than the old school psychology program was.

CHAPTER VI

THERAPEUTIC COUNSELING FOR PARENTS I

Frankie Jones
School Psychologist



Group therapy with parents. Although not pictured here, fathers also participate in the therapy groups.

The methods by which children accomplish the tasks of life and solve its problems constitute the process of personality development and largely determine the behavior patterns of their adult lives. According to McDaniel, "Mental health is not an inherited possession; whether the individual attains and maintains good mental hygiene depends on how he meets the successive demands of his life."[1]

The parents, of course, are most important in this matter; the home is the focal point of child rearing. How well the home succeeds in this responsibility varies with the interests and the ability of the parents in providing for the growth and developmental needs of their children. There are parents who are unable to adequately assume their role of guiding the child for one or more of a number of reasons: personal problems; ignorance of child developmental patterns and attendant problems and peculiarities; and/or, unawareness that the child has a problem. The decision was therefore made to begin, on a small scale, therapeutic parental counseling with a number of the parents who exhibited some of these liabilities.

Those selected were the parents of children who were in the psycho-educational therapy program, where the problems of the child indicated that the parent should be involved. Some of the specific problems for which pupils were being seen included undue hostility, too frequent tardinesses and absences, lack of cooperation in the classroom and on the playground, and poor peer relationships. There are indications that measurable progress was made with the parents who were involved and subsequently the behavior of their children improved.

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[1] Henry B. McDaniel. Guidance in the Modern School. New York: Dryden Press, 1956.

In this limited program three approaches to counseling were utilized - non-directive, directive, and eclectic.

CASE STUDIES

CASE OF MRS. J - PARENTAL DENIAL

In this case the mother did not recognize that her child had a problem. Through non-directive counseling the psychologist was able to make her aware of the child's difficulty. During the sessions the mother was allowed to express her feelings and to gain some insight into the situation. Within the non-directive frame of reference, the mother was also given supportive information along with illustrations of probable occurrences, especially in the home, which might negatively affect the child.

Mrs. J. had two children - a boy in the third grade whom the psychologist was seeing, and a girl in the first grade. This parent met with the psychologist for several sessions.

This parent initially felt that her son did not have a problem, and she was somewhat hostile toward the school and the psychologist. During the visits to the school and to the psychologist she became less defensive and more objectively aware of the child's behavior followed by complete reversal of attitude. She even felt that placement in a residential treatment center was possibly needed, but the psychologist was not in agreement. He helped her to perceive her own relationship to the child as critical to the child's improvement. Through the counseling sessions which ranged from 90 to 180 minutes, the mother was also able to realize the role that she would have to assume in order to help him.

The teacher reported some changes in the boy's behavior. He appeared to be happier and he seemed to be making an attempt to cooperate in the classroom.

CASE OF MR. & MRS. K. - TRANSMISSION OF ANXIETY TO THE CHILD

The parent may have anxieties and problems unrelated to the child, but which may be transferred to him through attitudes, tensions, emotional inconsistency, strictness, and thoughtlessness. In this case the psychologist was able to create a more positive relationship between the school and the mother and also help the child to release her tensions. The psychologist found it necessary to use both directive and non-directive therapeutic counseling.

Mr. and Mrs. K. were foster parents to Sophie and two younger children; they also had four of their own. The pending birth of another child, apparently, unsettled Mrs. K., who, reportedly, had been cooperative and friendly previously. The psychologist saw her as a compulsive housecleaner with a great deal of nervous energy and very little tolerance.

The mother seemed centrally concerned with many things in regard to Sophie; i.e., the child's habit of lying, distrust of the relationship of the child and the psychologist, possible return of Sophie and the other two to the children's home, and the ever-changing case workers.

Counseling consisted of acting as go-between and interpreting from parent to principal, between whom there had been a small explosion early in the school year and who therefore were not able as yet to communicate with each other. With the parent an attempt was made to allay the frustrations as they arose and to help her to structure her thinking so she could see a way through the situation. Sophie was picking up the tension and was trying to avoid angering the mother by lying out of situations. The more often she was caught the more she tried to avoid the anger.

As the baby neared, Sophie's fear of abandonment grew; she lied and fumbled even more frequently. Mrs. K. at this time was strongly considering returning Sophie to the children's home. She was also very upset with the school and the psychologist for allowing the child to verbalize her fears.

Rapport was established, however, between the psychologist and the mother, who became aware of the genuine desire on the part of the psychologist to help. She was also helped to realize the effect her emotional state was having upon Sophie which caused the child to need someone trustworthy to whom she could verbalize.

When the mother miscarried, the child seemed to feel a desire to fill the void of the lost child. Her behavior improved.

CASE OF MR. F. - EFFECT OF A FATHER'S PREJUDICE

An example of parental attitudes and the effect on the child is illustrated by the case of Charles. Utilizing non-directive therapy, the psychologist was able to help the father to realize that his son's aggressive behavior in school was related to the negative expressions verbalized by the father.

The psychologist initiated sessions with Mr. F. because it was felt that permitting the father to discuss and talk about his attitude and feelings toward Caucasians and other Negroes would be therapeutic for him and would result in his (the father) adopting a more realistic attitude toward other groups. His son's school problem apparently resulted from his internalizing the feelings and attitude of his father, which resulted in aggressive tendencies toward teachers.

Several sessions were held with the father which helped him to recognize his negative attitude toward some groups. He was also able to see how his son was being affected. He initiated the decision to change.

The son was also seen for about ten individual therapy sessions; as a result, the teacher reported that the boy was more cheerful and cooperative.

CASE OF MR. AND MRS. Z.

In this case the parents had personal problems which affected the behavior of their son. With an eclectic approach the psychologist was able to establish enough positive communication between the parents that they were able to actively seek a solution.

James Z., 14, was a 7th grader. He was referred to the psychologist early in the school year as an acting out, aggressive child who related very poorly to authority figures. The interview revealed a hostile boy who was acting out against his environment and the chaos that was happening in his home situation. His mother was an alcoholic who frequently associated with other men. It appeared at that time that James had identified rather strongly with the father figure who was disabled and it seemed that James had also adopted his father's hostility toward the mother figure. The anxiety generated by this hostility became overtly expressed in his negative school behavior.

An interview was held with the mother, Mrs. Z., who was found by the psychologist to be a generally disorganized personality who was quite defensive. It was felt that she was ready to be helped. Weekly sessions were held with her in which she was enabled to express and understand her feelings and her behavior.

In the interview with the father, Mr. Z. was found to be a very verbal person and communicated well with the psychologist. Despite the handicap of one shortened leg, he held a responsible factory job; it was felt that he had become so absorbed in his work and hobbies that he had little time left for his wife, whom he felt had married him for a meal ticket.

James was also being seen weekly by the psychologist and frequently twice per week. Several crises occurred during the year, according to James, during which time the mother was drunk and extremely abusive.

At the urging of the psychologist, both parents came together to discuss the situation. The mother agreed to voluntarily commit herself for treatment.

In the ensuing weeks James' hostility appeared to abate as the pressures at home were lessened.

CASE OF MRS. W. - A CHILD MANIPULATED TURNS MANIPULATOR

There are parents who are unaware that the role which they have assumed in the home intensifies the atypical behavior of the child in a school setting. The psychologist, utilizing non-directive and directive therapy was able to help this mother, Mrs. W., develop a more positive relationship with her daughter and thereby cause improvement in the child's behavior at school.

The daughter was referred for therapy because of her extreme agitation when thwarted. In her efforts to make friends she frequently started trouble between peers, resulting in quarrels which usually terminated with this child being mistreated physically, and supposedly, by a group. The psychological diagnosis suggested that the child was not as much ego involved and in need of treatment as in need of a more secure and consistent relationship with her mother.

A conference was arranged with Mrs. W., the mother, during which time it was learned that the father resided in another state and that he had kept this girl for two years with the paternal grandparents. The mother inquired as to why it was felt that her child needed the services of a psychiatrist because her child was not crazy. The differences between a psychiatrist and psychologist were explained to her and it was also explained why it was felt that her daughter needed therapeutic counseling at this time. The mother seemed to understand; she began to talk more freely, that is, concerning the troubles she felt that she had experienced with the father, and with his parents.

Ninety minutes were spent during the first conference while the mother talked of her problems. As a result of this conference, it was felt that the mother was afraid of antagonizing this child because she felt that it might impede her securing custody as the girl had often threatened to return to her father, whenever she was corrected by the mother. Subsequent sessions were therefore arranged by the psychologist for the mother. Five sessions were held with her in two months.

Eventually, the mother became aware of the influence this child and her threats had upon her treatment of the girl and she began to understand how it was affecting the child's behavior in school. She was made cognizant of the fact by the psychologist, that it would require a lot of disciplining of herself in order to effectively work with her child.

It had been decided, and hopefully, for the best, that she (the mother) was responsible for the child and she was going to assume that role to the best of her ability and, hopefully, with the child's help.

The mother later reported that much to her surprise the girl appeared to be accepting the mother's new role; even though there were some clashes, there seemed to be an effort being made on the girl's part to adjust; apparently, she wanted and needed limitations.

In school the girl was more cooperative and was developing friendships with some of her peers.

CASE OF THE UNKNOWN UNCLE - NEED FOR A SUPPORTIVE FIGURE

Very frequently cases arise where the parent needs only to know what the school expects. Here directive counseling is utilized.

One instance of this kind took place when a boy was constantly late to school by 30 to 60 minutes. The mother showed little interest and missed many appointments which had been arranged by the school personnel. Finally, the boy was suspended. This brought in a here-to-fore unknown uncle. The uncle then requested to see someone for advice and said the mother would come also. Thus, an appointment was made with the psychologist.

Both the uncle and the mother came. After talking with them, the psychologist offered various suggestions. The uncle agreed to help implement those which might be workable with the boy.

The conference was productive as the boy was no longer truant or tardy and thus his grades improved.

CONCLUSION

These case studies seem to highlight the idea that to help a child to develop to his fullest potential the parents will have to become more involved. Once parents understand the probable causes or factors related to the behavior of their children, they may then be helped to evaluate their own situations and actively participate in planning and pursuing an appropriate course of action. These changes in attitude and role wrought changes in the child and the school; i.e., the lessening of problems which block the learning of children.

The psychologists are aware that because of limited time only the surface was scratched with the parents in some of these cases. As a consequence considerable frustration was felt among the psychologists. It is hoped that time allotted to the parent counseling phase of the program will be increased in future planning.

CHAPTER VII

THERAPEUTIC COUNSELING FOR PARENTS II

John L. Jones
School Psychologist

As suggested in the preceding chapter, additional therapy of a pilot nature was desired at the end of the 1967-68 school year. We wanted to take a further look at the proposition that children whose parents were also treated would improve their functioning more than would children who were treated without the involvement of their parents.

Therefore, during the summer of 1968 a pilot program of group therapy for pupils and selected parents was conducted. The general purpose of this project was to test the hypothesis that working intensively with parents as well as children would result in more rapid and perhaps more permanent improvement in pupil learning.

OBJECTIVES FOR WORKING INTENSIVELY WITH PARENTS AND CHILDREN

1. To improve pupil performance as measured by tests of intellectual ability.
2. To improve the children's self-image.
3. To improve the children's emotional and social stability.
4. To involve parents in their children's school situation.
5. To get parents to understand that their child is trying to develop in his own individual way.
6. To get parents to understand how their child's present and past feelings cause him to act the way he does.

PROJECT POPULATION AND PERSONNEL

During the summer this project was in operation in two of the elementary schools in the target area. The total enrollment of the primary and intermediate grades from which the children who participated in the project were to come was approximately 150. The potential parent population was approximately 100 individuals. The project population was limited to students in the upper primary and lower intermediate grades. Pupils in the project were selected by the psychologists on the basis of presenting problems submitted by the pupils' last regular classroom teacher and/or on the basis of referrals by their summer school teacher. The customary referral procedure and forms were not utilized in this project. Children served by this project ranged from primary 7 (children out of the primary grades but not yet ready for grade 4) through grade 5. A total of fifty children were involved in the project.

Two psychologists were assigned to the project. The psychiatrist provided once-a-week consultation service. The Psychological Services Coordinator conducted two progress meetings with the psychiatrist and two project psychologists.

PROJECT PROCEDURES AND ACTIVITIES

Pupils were basically selected because their summer school data sheets indicated that they had behavior and emotional problems which suggested that involvement in a group therapy program might help to ameliorate the conditions which apparently had influenced the development of learning disabilities. Even though the customary referral system was not used, parents were required to sign a form requesting that their child be allowed to participate in the group therapy program.

The project's group therapy program included (1) two experimental pupil groups, (2) two control pupil groups, and (3) two parent groups. Parents of the pupils in the two experimental pupil groups were contacted either by telephone or by personal visits and offered the opportunity to participate in the parent therapy sessions; the parents were encouraged to select the times for the therapy sessions within the framework of the school day.

The psychologists' services included the following activities: diagnosis and appraisal of the children's mental ability; appraisal of the children's emotional adjustment; group therapy session for parents and pupils; consultations with the principals and teachers of pupils participating in the project, and other summer school specialists.

An evaluation of the diagnostic data and the therapy program activities formed the basis for the following: an interpretation of a pupil's abilities and emotional stability to teachers, administrators, parents, and other school personnel; recommendations to the director of Psychological Services about organizing a parent therapy program during the regular school year.

The psychiatrist's services included the following activities: acting as a resource person in suggesting different therapeutic approaches in handling the material evolving in a parent therapy session; assisting in analyzing movement or lack of movement in the pupils' therapy sessions; summarizing statistical data generated by the project and evaluating its importance to the project.

Scheduling of other school activities: In the case of the pupil groups, pre-scheduled art and physical education classes by home rooms posed some difficulty in setting up therapy schedules; summer school rules suggested that no pupil should be pulled out of either of those classes for any other activity. In some instances, because members of a therapy group might come from different home rooms, the therapy hour had to be split in order not to interfere with those regularly scheduled classes.

EVALUATION PLAN

THE ORIGINAL PLAN

In order to evaluate this phase of the 1968 Summer Pilot Program, a two-group experimental design using pre-test and post-test measures on the two project groups was originally proposed--one pupil group whose parents were participating in the program and one group whose parents were not participating were to be seen once a week. One pupil group whose parents were participating and one whose parents were not participating were to be seen twice a week. Participating parents were to be seen in groups once a week. Selection of pupils for the program was to have been made by the psychologists and principals of the pupils' regular schools prior to the beginning of the summer session. Selection of the pupils was also to have been on the same basis as during the regular school year (a psychological problem existed). Parents of pupils in the experimental groups were also supposed to have been contacted and requested to participate in a group therapy program by the psychologists before the beginning of the summer session.

In order to evaluate the objectives of more rapid and permanent improvement in pupil learning, the following instruments were to have been administered by the psychologists before and at the end of the treatment period:

1. Mental Ability: California Short Form Test of Mental Maturity
2. Achievement: Wide Range Achievement Test
3. Personality: Bender Visual-Motor Gestalt Test

THE MODIFIED PLAN

The proposed evaluation plan had to be abandoned because of the irregular attendance of pupils in the various groups at the beginning of the summer session, and the fragmented times for the group sessions which precluded administering the planned battery of tests. A modified and more subjective form of evaluation was substituted for the original plan. This plan was based on comparing comments by the pupil's regular teacher with comments by his summer school teacher and the clinical judgment of the psychologists about any change they had noted.

Other data collected on each pupil in the project sample included: sex, identification, date and place of birth, birthplace and education of parents, and the number of siblings.

Teacher comments were also sought and obtained.

PROJECT SAMPLE

There were thirty boys (60%) and 20 girls (40%) in the student sample. Of the fifty pupils, 26 (52%) were in the primary grades and 24 (48%) were in the intermediate grades. Of the fifty pupils in the project, 46 (92%) were indicated as having emotional problems; 4 (8%) were described as having learning problems only. There were eleven mothers (92%) and one father (8%) in the parent group sample. For purposes of comparison a control group was established of those pupils whose parents were not involved in any form of parent counseling. This amounted to 38 of the original sample.

For those pupils whose Lorge-Thorndike group test scores were listed on their data sheets, intellectual functioning levels ranged from the bright normal category to borderline retardation level.

Pupils in the experimental group met with the psychologists for a total of 84 sessions; those in the control groups, for a total of 56 sessions. The twelve parents met with the psychologists in three groups for a total of forty sessions. It should be noted that because of the summer school's scheduled classes and periodic field trips by class groups some pupil therapy sessions had to be cancelled, re=scheduled or curtailed whenever there was a change in the pupil's homeroom activity. In some cases the pupils in a therapy group had to be selected from different homerooms; unexpected changes in some pupils' homeroom activity occasionally resulted in part of a therapy group missing a therapy session and the session being conducted with only a portion of its members being present.

PROCEDURES FOR ANALYSIS OF DATA

According to the experimental design, the psychologists were to analyze all the data resulting from the pre- and post-measures of mental ability and achievement. Comparisons were to be made between the mean pre- and post-IQ scores of the pupils in the experimental group, who along with their parents were undergoing therapy once a week and the mean pre- and post-scores of the pupils in the control group being seen once a week whose parents were not undergoing therapy. Comparisons were also to be made betwen the mean pre- and post-IQ scores of the pupils in the experiemtnal group who were being seen in therapy twice a week while their parents were participating once a week in group therapy, and the mean pre- and post-IQ scores of the pupils in the control group who were being seen in therapy twice a week but whose parents were not participating in the therapy program. A comparison was also to be made between the mean pre- and post-IQ scores of the pupils in the experimental group who along with their parents were being seen once a week and the mean pre- and post-IQ scores of pupils in the experimental group s who were being seen twice a week while their parents were participating once a week. The same comparison procedures were to be followed in analyzing pre- and post-test measures of achievement. The comparisons were to be limited to pupils within the two grade categories--primary and intermediate. A final comparison was to be made between the degree of change, behavior and achievement, among the pupils in the primary grades and those in intermediate grades.

The breakdown in the testing program made it necessary for the psychologists to make informal requests for comments from the pupils' teachers, the principal, and other professional personnel participating in the summer school program and for the psychologists to rely on their own clinical judgment about the degree of positive change in the pupils' behavior. Some pertinent data were voluntarily offered by teachers that aided the evaluation.

The experimental design did not include collecting any written data about the parents. Clinical data obtained in the psychological interviews provided the material that the psychologists used as a frame of reference to determine if the parent had an emotional or adjustment problem and at the end of the therapy program what changes in the parents' behavioral patterns had taken place.

LIMITATION OF DATA COLLECTION PROCEDURE

The inability to select pupils who were to participate in the program before school closed and the failure to allocate specific times for the therapy program in the school's daily schedule preventing the pre-test phase of the project from being carried out as planned were limitations in the data collection procedure. It is suggested that in the future the testing be done in June before school closes. The fact that no test data could be obtained on the parents was a limiting factor.

RESULTS

Elimination of the pre-test and post-test phase of the program results in an evaluation which is based on teacher and administrator reaction to the program, some written teacher comments included on each pupil's "report" card which was sent to his regular school, observations by the psychologists of the pupils and parents in the group therapy sessions, and verbalized parent comments about the value of the therapy program.

The teachers and the administrators were unqualifiedly positive in their appraisal of the therapy program and its influence on the underachieving and problem children included in the project. The teachers used several basic criteria to denote improvement:

1. Improvement in reading level
2. Improved daily attendance
3. Improved attention span
4. Improved classroom behavior (less fighting, bothering other students, and making noise)

Said one teacher, commenting about one pupil in the project, "She is now reading at level ten and could even do better." Another teacher said, about a student, "I thought he was solely responsible for his acting-out behavior, and now I see my responsibility for this behavior."

There seems to have been a shift in the parents' belief from that of their child being picked on by the school administrator and teacher to a recognition that their child does act out, and that just as they have to use drastic measures to control the child at home, the school must also use controls to redirect the disruptive behavior.

It was the consensus among the parents that the therapy program should be continued for their children, expanded and made available for parents during the regular school year.

RECOMMENDATIONS

1. An experimental design be developed to include more objective material for the evaluative phase of the program.
2. Program should be made a part of the psycho-educational therapy for the regular school year.
3. A flexible program should be developed to encourage and make it easier for parents to participate.

SUMMARY

This program, "Group Therapy for Pupils and Selected Parents," was designed to test the hypothesis that working intensively with parents as well as children will result in more rapid and perhaps more permanent improvement in pupil functioning. During the summer, this project was in operation in two schools, with pupils from six feeder schools. One psychologist conducted the program at each school. A psychiatrist provided consultation services to the two psychologists on a weekly basis.

The original plan to select pupils for the project before the schools closed for the summer was abandoned and the psychologists selected the pupils after summer school started. Parents were solicited by telephone and personal contact by the psychologists.

The pupils were assigned to four therapy groups and the parents to two therapy groups. One weekly group therapy session was held for two of the pupil groups and also for the two parent groups. The other pupil groups were seen twice weekly.

The pre-test and post-test plan which was to provide data to be used to evaluate the project was not followed because of irregular attendance at the beginning of the summer school and the rigid class schedule which prevented getting enough time to test the pupils in one session.

Using subjective data to evaluate the validity of the project's approach, consensus of teachers, administrators, and the psychologists was that this approach could be used to give a valid estimation of the effectiveness of this approach. Recommendations were made that this parent-child group therapy approach be made a part of the schools' psychological program.

CHAPTER VIII

TEACHER COUNSELING/THERAPY PROGRAM

Mary Ann Persons
School Psychologist

Glenn Felch
School Psychologist

Individual therapy
with teacher.

Counseling with teacher having
concerns regarding students is
often provided on the run.

Consider this.

Without really seeing, check the office clock. (job discontent) Acknowledge the secretary. (concern for protocol) Take your keys and head down the hall, still showing the varnish gloss (concerned for pleasing the senses) of summer cleaning.

"Morning, Mrs. Cook."

"Carol?"

"John," with a curt nod to pass for a greeting (concern for staff friction) during these days just now falling into a routine.

Unlock classroom. Lock up purse. (lack of trust) Note reflection in door-glass; hoping. (concern for self image) OK, I guess. (self disapproval) Wrinkles? (fear of old age) Tape fallen art work to its place on the wall. (compulsive reaction to self disapproval) Room stuffy. (panic) Better open a window to catch the last of the morning breeze. Draw the shades against the forecasted heat. (job distasted or recovery)

Seatwork on board. Bells. Kids coming. Give tape on paper moon one more supportive push into wall. (reaction to kids coming by control) It falls. Why don't they make tape that works? (irritation with lack of order) Feet. Books. Desks shoved aside. Talking.

"Can I get a drink?" asks one sweating sand-lotter.

"It's MAY I, and wash your face while you're at it" (intolerance for child or dirt) comes an unguarded reply from the teacher already beginning to feel the wilting effects of the muggy fall day. (reaction to her own intolerance)

Homework turned in. Why don't the twins do the same kind of work in arithmetic as they do in reading? (concern for learning difference) Attendance taken. Sam's late again. Wonder why? (concern for social implications) Lunch money sent down: and on time, yet! (pleasedwith meeting school deadlines) Share TV room with Helen for Spanish. (selfish or dislike of group size or poor psycho-sexual image) First reading group cancelled because of art supervisor's visit. (mounting frustration) Maybe can squeeze it in after science.

Knock. Knock. "Who's there?" A note. Teacher's meeting after school. "Oh! You've got to be kidding! On a Friday?" (poor office-staff communication) Arithmetic on the board and the chalk dust begins to rise over another day. Bells. Push. Shove, scold. (loss of control)

Teachers' meeting short. Just met the psychologist, social worker and such. Wonder what this teacher-counseling bit (role concern) will turn out to be? Oh well, TGIF! (denial of concern)

The heroine of this vignette seems mildly dissatisfied with herself and her job. She apparently reacts to frustration by putting order into her life. This failing, and frustrations gathering, control is lost at the expense of the children. Somewhat relieved, her tension ebbs to a tired denial of a possible use for counseling within her own life.

None of these problems appears so intense as to cause the teacher great concern. But they may add to the all too real job of teaching school that wears her down to a sighed, "TGIF."

It is to those staff members who wish they could, and to those who have communicated these and other school-related and personal concerns, that the program of teacher counseling addresses itself.

EXPRESSED NEED FOR A PROGRAM OF TEACHER COUNSELING

The psychologists in the Milwaukee Public Schools work IN schools, WITH parents, teachers, and students, THROUGH administrations and community agencies, and TOWARD the diagnosis, planning, and/or treatment of the individual child in the academic group setting. In this framework of a child-oriented approach, it is the teacher who initiates communication with a professional about personal concerns.

In existence is an understandable reluctance among teachers to openly admit to a need to discuss personal concerns in a school setting. Further, it is difficult for some to see their own concerns as possible factors hampering the educational progress of many of their pupils.

The fact that some teachers did overcome this reluctance and did seek to initiate the communication of their personal concerns augurs for a need for such a program of teacher therapeutic counseling in a school setting.

Realizing that the program of services as offered by ESEA, Title I funded psychologists was primarily for children, fourteen teachers chose to request a more broad interpretation of the program to include counseling with teachers. Several others approached the subject gingerly with comments such as, "Where's your couch?" or "When's my turn?" However, these people became skittish about taking part in counseling. Their real concerns were never voiced but were close enough to the surface to prompt them to test the psychological "water."

Those fourteen teachers who initiated counseling contact with one or another ESEA I psychologist, voiced concerns such as those included in the opening vignette. In addition, teachers were concerned about:

a) guilt over disliking the children
b) doubts about religious conviction and dedication
c) a homosexual neighbor in the suburb
d) overtures of affection from highschool boys
e) fixation on the father-figure at home
f) family problems with "hippydom" and university discontents
g) financial difficulties
h) general unloading of frustration in "gripe sessions"

These very real concerns prompted some teachers to overcome their reluctance and to seek out help from psychologists whose published job-roles were as psychologists working with children. This spontaneously generated program fed easily into a pilot program of teacher counseling.

While the pilot program is emphasized here, it must be noted that several ESEA psychologists continued to carry on teacher counseling based on spontaneous teacher self-referral.

PILOT PROGRAM: IMPLEMENTATION, SCOPE AND GOAL

Let us consider the pilot program in teacher counseling which was established within one of the central city schools. This pilot effort was formulated as part of a special research project. One of the ESEA psychologists was assigned to this project on a half-time basis.

For this ESEA psychologist, this assignment required a concerted effort to make teachers aware of his availability for counseling. There were no set guidelines as to what should be the counseling relationship, its duration, or its intensity. The psychologist was not to "create" a need among the professional staff, but, rather, was to make the channels of communication more readily accessible to those who felt a need for his services.

Aside from a rough tally, no records were kept of the counseling participants. Sessions were not recorded, nor were notes taken or kept. The teachers set the pace and defined the concerns to be explored. There was no formal intake procedure and no generally planned termination procedure. It was the teacher, not the psychologist, who took the responsibility for the results of the counseling experience.

Set as a permissive goal for the pilot program was therapeutic counseling with teachers relative to felt difficulties in their professional roles, as well as therapeutic counseling related to personal difficulties that might be perceived as bearing directly upon their functioning in their professional roles. The ultimate goal was that of assisting them toward greater effectiveness as teachers.

PILOT PROGRAM: DIFFICULTIES

The school administration proved to be very supportive in implementing this program. Despite this backing, several problems arose during the course of establishing the program among the teachers.

As was reported by all of the psychologists in this program of teacher counseling, the pilot project psychologist noted a reluctance on the part of teachers to admit to a need for counseling. Both spontaneous teacher counseling and that provided more explicitly in the pilot program functioned only in response to the direct request of teachers for the service. Further, an obstacle to the teacher's seeking the service became apparent when a teacher seen entering the psychologist's office then became "labeled" among the staff. Moving the psychologist's office into an out-of-the-way nook on the top floor of the building and moving some contacts into casual situations, such as the hallways and coffee rooms, partially overcame this difficulty. Maintaining enough distance from the teachers to be effective while remaining close enough to them to personalize the policy of open acceptance seemed to cause some difficulty. Apparently, a first name basis was desired by some as helpful to counseling, while others felt safer in a situation in which all the social amenities were observed.

This situation having been brought to the attention of the school administration speaks of another difficulty; i.e., that of the staff using the administration and psychologist as levers, one against the other. Fortunately, communication was good between the psychologist and the school administration, and potential difficulties were easily avoided or resolved.

Difficulties of appointment-making, scheduling, and projected interference with the psycho-educational therapy which the psychologist conducted with the children was resolved by flexible administrative decisions. The teachers were given free choice of before, during, or following regular school time to counsel with the psychologist. Appointments could be made by mail, personal request, or just showing up at the psychologist's office in the school.

An attempt to meet as a group proved to be too difficult for the teachers to accept. Despite the poor reception, a time and place for the group meeting was set up and its integrity maintained by the psychologist. Only one teacher attended the group sessions.

PILOT PROGRAM: TEACHER'S EVALUATION

In a poll taken among the school's staff members, nine of the twenty-five requests for anonymous evaluation were returned. Of these nine, one seemed negative, one non-committal, one difficult to interpret, and six gave positive approval. The responses were:

a) It would be helpful to me if the psychologist could give teachers some ideas of how we, as teachers, might help the children having these problems. The kid is hurting! What can we do? Nothing?

b) I feel that having a psychologist available to teachers has been a tremendous value. A teacher's most important function is to create a favorable climate for learning. In many instances, he is prevented from doing this because of some pressing emotional barriers. Maybe he dare not reveal his problems to co-workers, but can feel free to discuss these feelings with a professional; thus enabling the teacher to encounter the students in totality.

c) Although at the time I did not feel any particular personal need to refer myself to a psychologist, I think that this opportunity for anyone on the staff might help alleviate any emotional problems affecting a staff member's work; on the other hand I hope that this time will not be taken away from the students.

d) No response.

e) Please continue program. Most helpful.

f) I would like to see the same type of program followed during the next school year. The psychologist has been an asset to the staff.

g) Seems like a step in a healthy direction. Would some type of group therapy situation be feasible?

h) The time used by the psychologist has been very small. To a great degree the time element involved has always been set up, so such is included into my daily plans. Therefore there hasn't been a conflict of any kind. Many times conferences held with youngsters have been discussed when there is a need.

i) I hope the use and service of the psychologist will be continued next year. I found this service very valuable.

PILOT PROGRAM: PSYCHOLOGISTS' DESCRIPTION AND EVALUATION

During the first semester, seven teachers and other school personnel contacted the psychologist for individual consultations: one teacher, [illegible]ce; four, twice; one, three times; and one, seven times for a total of nineteen individual counseling contacts.

As was also reported by other ESEA psychologists who were involved in requested counseling with teachers in other schools in the central city, the pilot project psychologist was approached by several teachers who veiled their requests with humor or with some secondary concern.

The end of the second semester found twelve persons having had individual sessions. Teachers' real concerns were less veiled than had been the topics of discussion during the first semester. In a total of twenty-four individual sessions, seven teachers were seen once; two, twice; two, four times; and one was seen five times.

Among the year's total of nineteen persons seen in forty-three sessions, only one teacher was referred to a private therapist. This was due to the anticipated lack of contact over the coming summer months.

The program warrants continuation on the basis of simple arithmetic, i.e., by helping one teacher, he may actually be helping thirty or more students.

Having the psychologist who works with the student population also work with the teachers seems warranted, as it gives many teachers a chance and a reason to see the psychologist. Seeing the teacher in his own room is satisfactory, although it was noted that many more teachers were willing to come to the psychologist's office once it was moved to a fairly secluded spot in the building.

Based on the past year, designating fifty per cent of the psychologist's time for teachers in the pilot program does not seem valid. However, the time may be effectively used once the program is more familiar to everyone.

PILOT PROGRAM: PROJECTIONS

It is felt by the project psychologist that all qualified and interested school psychologists should be allowed to counsel with teachers and other personnel about problems not directly related to the students.

A seminar to discuss problems encountered and on procedures needed would be useful to psychologists unaccustomed to therapy with adults. A word of caution is offered by the project psychologist, i.e., to avoid implying that just because the service is available all teachers automatically need it and should make use of it. Care also has to be taken to avoid becoming a rival to the authority figure already present in the person of school principal.

Group sessions could be very helpful, if presented in somewhat more structured and less threatening manner than was proposed this year. Continued appointment of two psychologists to each ESEA school is seen as helpful. This is especially true when one psychologist feels a conflict of interest in counseling with the child and that child's teacher at the same time.

QUESTIONS AND CONCERNS

That a demonstrated need for counseling does exist among some teachers has been recognized. Beyond this, one begins to ponder the implications of the school psychologist's counseling responsibility; treatment approach, duration, and intensity; and, extensiveness of a program aimed toward adults. Recognizing the need does not answer the question of who should meet the need. Left unanswered is an inquiry into how to best meet the need; preplanning seems a key to the program. Further, inquiry into the need for improved training of school psychologists to counsel with adults has already been raised by the project psychologist and is brought up again as a real concern of the other psychologists in the psycho-educational therapy program as they envision teacher counseling as a major activity for psychologists in the future.

CHAPTER IX

GROUP SUPERVISION

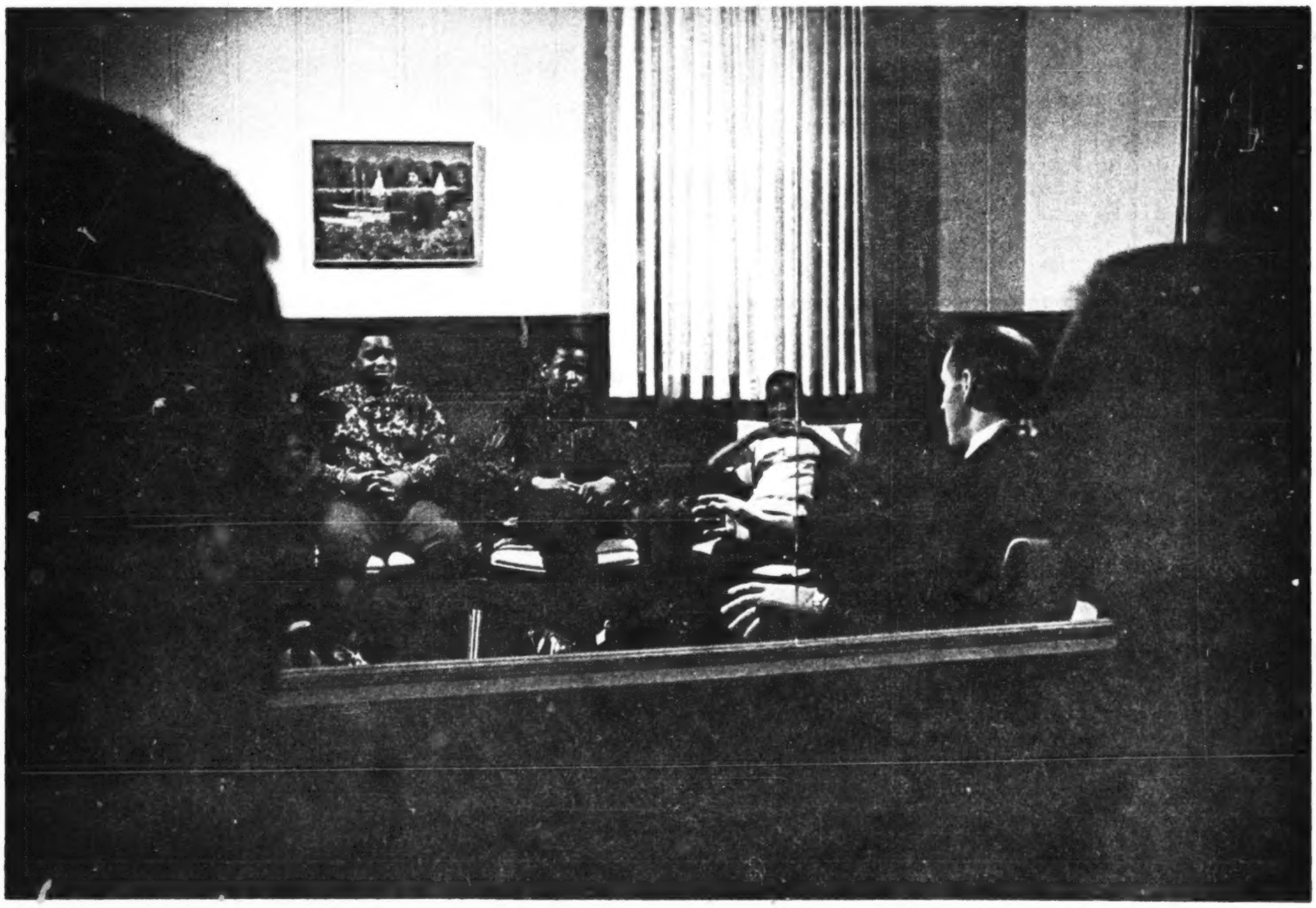
Robert J. Francis, M. D.

Weekly Therapy Seminar: most of group in view.

Therapy Seminar: Dr. Francis, the psychiatrist, reacts.

Therapy Seminar: Reactions in the group.

School psychologist observing through one-way mirror (at Mt. Sinai) as one of their colleagues conduct a group therapy session.



THE PROJECT

Eleven psychologists hired by the Milwaukee Public Schools in a federally-funded project to provide THERAPY to appropriate school referrals. In addition to their immediate supervisor, Dr. John H. Jackson, it was felt that another dimension might be added by the addition of a psychiatric consultant to the program.

THE IDEA

Changing the primary role of the school psychologist from testing to doing therapy was predicted to be a question-and-anxiety-producing transition. After a few discussion meetings, it was decided that Dr. Jackson and the psychiatrist, Dr. Francis, would work together closely, seeing the psychologists in a group-seminar setting. Besides adding the viewpoints of an experienced clinical psychologist-therapist, it was believed that Dr. Jackson would add a desirable continuity to the process, being available full-time, compared to Dr. Francis' two hours per week. A "Group Supervision or In-Service Education" memo was distributed, outlining the program roughly, on November 20, 1967.

PRE-GAME WARM-UP

My initial exposure to the ESEA-I Group was my presentation to them of a series of tape excerpts from a cottage group program at the Wales School for (delinquent) Boys. The excerpts included the beginning to a stage of relative stability - a period of about seven months.

In an effort to gain a little first-hand knowledge of the psychologists and their schools, I visited a few schools, talked with some of the psychologists, principals, vice-principals and attended a high school group meeting, run by one of the ESEA-I psychologists and a teacher-counselor. Another attempt at an inroad into my ignorance of school psychology-psychiatry-and-education was a review of the psychiatric literature regarding school psychiatry. I was most disappointed, and, I suppose, a little relieved at the paucity of material I found, particularly regarding programs. I was struck by the apparent shortage of imaginative approaches toward the schools.

EVOLUTION OF GROUP SUPERVISION

Dr. Jackson and I decided to meet 1/2 hour just prior to our supervisory-seminar session, which was to last 90 minutes. I will attempt to follow the evolution of our preliminary meeting also.

(January 4, 1968) Meeting #1: In our preliminary meeting, Dr. Jackson informed me that he was required to write an evaluation of each psychologist every six months--and that they were on probation for three years. (This was "certain" to add to the spontaneity of the group.)

In the group meeting I summarized my review of the literature, followed by a laconic discussion. The two best articles were reproduced for discussion the next time.

(January 11) Meeting #2: 1. Discussion of two articles. 2. Discussion regarding my visits to the schools. 3. We began the subject of therapy. I talked of the group I'd seen at North Division High School and some of my experiences at the Wales School for Boys.

We passed out a refreshingly honest article ("Countertransference as a Factor in the Delinquent's Resistance to Psychotherapy"--by Ward, Rubenfeld and Shellow in Group Psychotherapy. Volume II: 329-43, 1958) that dealt with therapists' feelings.

(January 18) Meeting #3: 1. Presentation by a psychologist of a portion of a high school group tape, followed by moderately active discussion. 2. Little discussion of above article.

(January 25) Meeting #4: An ESEA-I psychologist presented a portion of a tape from an elementary school group...discussion fair.

(February 1) Meeting #5: An ESEA-I psychologist presented a portion of a tape of his role-playing group, ages 6-10 years. Pretty good tape; pretty good discussion.

(February 8) Meeting #6: Impromptu discussion of my criteria for doing therapy, which turned out to be: (1) Who the therapist is; (2) Competence and training; (3) Responsibility and commitment. We talked, haltingly, of psychiatrists and psychologists as therapists, later including other disciplines.

(February 15) Meeting #7: Passed out chapter (three pages) on client-centered psychotherapy, by Carl Rogers, from a new psychiatry text by Freedman and Kaplan. Discussed therapy, generally, again, centering on Rogers' article and returning to the criteria and comparisons mentioned in the previous meeting.

Handout: "Marriage--A Model of Intimacy in our Society"--Warkentin and Whitaker. Recommended the book Group Psychotherapy, by Mullan and Rosenbaum.

(February 21) Dr. Francis on vacation. Group talked with Dr. Jackson and Miss Bernauer regarding their own responses to the children. Discussion "fair" per Dr. Jackson.

(February 29) Meeting #8: "Interestingly," neither Dr. Jackson nor I made any notes from this meeting.

(March 7) Meeting #9: One psychologist complained about the seminar in a rather indefinite but earnest attack. Later, I picked up on what I thought was a multi-level interaction between two of the psychologists. The same psychologist that had complained about the seminar earlier now objected to the "group therapy" aspects of what I had just done.

(March 14) Meeting #10: In response to the group's request (to put myself on the pan, I think) I played a segment of the first taped meeting of the Wales School for Boys' cottage group. (Cottage Meeting #4)

Because of a change in my schedule, we changed the group time from 3:00 - 4:30 to 1:30 - 3:00 p.m. The group was not happy and said little, but one psychologist said candidly, "I guess you want all of us to change our schedules to fit yours." I was moved to summarize at the close of the hour, "Today we had recess."

(March 21) ESEA-I psychologists at the American Orthopsychiatric Association convention; Dr. Jackson also attending. Dr. Jackson feels that at least two important things happened at the convention:

1. The group was impressed by several papers that dealt frankly with treatment difficulties and failures.
2. The group utilized the relative informality of the convention to "work (Dr. Jackson) over" with gripes and a few pranks.

(March 28) Meeting #11: Group very slow, resistive.

(April 4) Meeting #12: In the preliminary meeting, Dr. Jackson and I concluded that part of our trouble was likely that we were talking out of both sides of our mouths. We were denying any similarity to group therapy--while sometimes using group therapy and/or sensitivity techniques. Yet we felt that the judicious use of these techniques was both appropriate to and effective in our program.

In the ensuing group we admitted the paradox of our words compared with our recent behavior but said we felt there was a lot to be gained from making the group a hybrid, using techniques both of sensitivity training and teaching. There was not a lot of immediate response.

(April 11) Meeting #13: In the preliminary meeting, Dr. Jackson reported positive feed-back from several of the program psychologists. They seemed to appreciate the last meeting. My impression was that perhaps we had "cleared the air" of some genuine (and understandable) confusion and resentment.

We had a talk by Larry Kipperman, Ph.D., a clinical psychologist, who talked about behavior therapy. The group response seemed slow in coming but was encouraging in the last 30-45 minutes.

We even went 15 minutes overtime!

(April 25) Meeting #14: We attempted a discussion of Chapter One of Mullan and Rosenbaum's book, Group Psychotherapy. The discussion seemed apathetic. I made a resolution to prepare a worksheet for the next two chapters before attempting another such "open" discussion.

(May 2) Meeting #15: General discussion of school situation (especially ESEA-I Program) as compared to private practice situation (e.g. mine). Talked of goals of treatment - of setting limits.

I was accused by one psychologist of holding up, or at least slowing up, the psychologist group from becoming a "group." Bringing in a "guest lecturer" and using the group therapy text were submitted as examples of obstacles I'd brought in.

(May 9) Meeting #16: A good meeting on the process of our sessions, past, present, and to come. Probed, examined, the role and responsibility of me as group leader and of whether I (as part-time--and a psychiatrist) was an "outsider." Tried to differentiate between what "group therapy" would be - and what we were shooting for. Had some pretty plain talk about some of the threatening aspects of what we were doing. I found myself saying that if they could learn to discuss important issues with their colleagues - frankly and honestly - they would have gained an invaluable career tool, and, as far as I am concerned, the group supervision would be a success.

(May 16) Meeting #17: and

(May 23) Meeting #18: Through the courtesy of Mt. Sinai Hospital we were allowed to use their group therapy complex, which included two fair-sized rooms separated by a very large ($3\frac{1}{2}$ x 12 feet) one-way mirror with built-in sound and tape systems. As a bonus, they also provided coffee and cookies for the post-meeting sessions. We observed and heard an on-going elementary school group being led by one of our group, with Dr. Francis eventually joining the group as a sort of visiting co-therapist. After each 50-minute session, we had a 40-minute post meeting discussion. The spontaneity, relative lack of guardedness, real un-selfconscious questioning made for two lively and very interesting sessions.

(June 6) Meeting #19: Last meeting of year. Seemed a cooling-off meeting, pleasant, warm, and light. It was followed by a delightful cocktail-type get-together at the home of one of the group, attended by all the psychologists who had been involved with this particular phase of the ESEA-I Program.

IN RETROSPECT

There seems to have been a number of issues running through most of the meetings. One was how useful could a psychiatrist be to a group of psychologists wanting to learn more about doing therapy. How "safe" was he? And how "safe" was the man whose job it was to officially evaluate them? Last, but not least, what about each other?

Another issue was how should we go about trying to learn about therapy? There was a great push to "teach," cognitively, particularly in the beginning, and our encouragement to learn by sharing and evaluating their own professional experiences and associated feelings, was often met with doubt, suspicion and reluctance.

Dr. Jackson and I were able to help each other realize by the twelfth meeting that we were not being honest in one important aspect of our dealings with the group. Specifically, it was the use of sensitivity training techniques in the group supervision experience. At the time, "owning up" to the group seemed a hazardous undertaking, but preferable to disallowing the techniques.

In meetings #15-16, the group pretty well raked me over the coals in some very pertinent issues. As they began to get a sense of the power of their group and some of the benefits of candid exchanges with their colleagues the group became a more satisfying learning experience. In my opinion we have all learned some very useful things. The group seems to me an enjoyable and valuable tool for becoming better professionals.

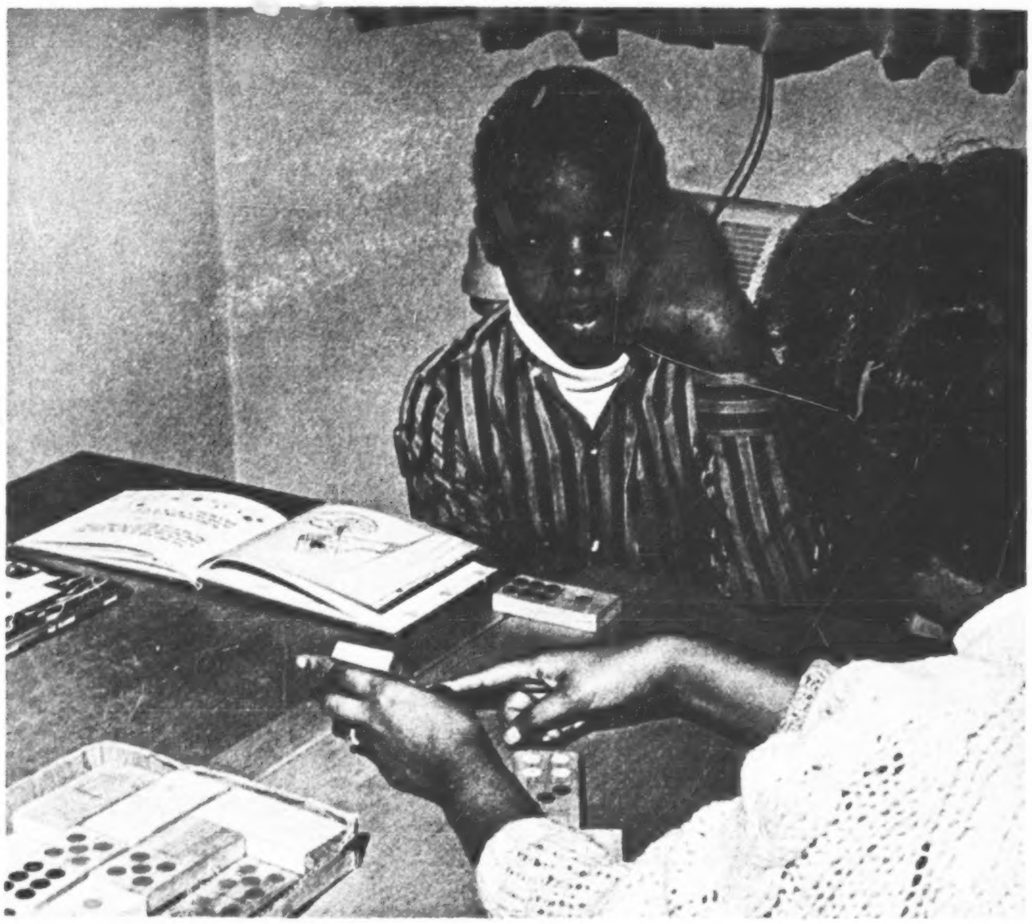
PART III

PROGRAMS ANCILLARY TO THE THERAPIES

CHAPTER X

THE PSYCHOLOGISTS' VOLUNTEER AIDE PROGRAM

Joyce S. Goldsmith
Teacher of Emotionally Disturbed
Department of Psychological Services



Psychiatric staffing of a pupil for Volunteer Aide Program.

Volunteer aides meet with psychiatrist to discuss concerns and procedures.

PROGRAM DESCRIPTION

DEFINITION

The Psychologists' Volunteer Aide Program is a small, intensive program of volunteer help on a one-to-one basis for emotionally disturbed children in the regular classes of the Milwaukee Public Schools. The program emphasizes relationship rather than tutoring. It is an ancillary program in the psychologists' battery of recommended programs.

PURPOSE

The purpose is to satisfy the needs of these individual students for support and for facilitating their response to school work.

GOALS

The result is expected to be conducive to motivation for further learning and for eventual independence and productive participation in regular classes, thus insuring the child's continuance in school, decreasing the behavior problem, and enhancing the learning situation for all the children in the class, and possibly preventing need for future school and community services.

CHILDREN TO BE SERVED

The children served can be described as maladjusted and not achieving as well as could be expected for a wide range of reasons, ranging from mild to severe. They could be described as withdrawing, passive, hyperactive, over-aggressive, unable to concentrate, or disruptive of class progress, and becoming so maladjusted that they will eventually have to be removed from the classroom.

The age of the children ranges from six through twelve (third semester kindergarten through 6A).

IDENTIFICATION AND SELECTION OF CHILDREN

IDENTIFICATION

The child is first identified by the teacher who observes the child's withdrawing, anti-social, or distractible behavior and his inability to adjust to the work of the classroom, despite his apparent ability to do so.

Second, the school psychologist verifies this to be a disturbed child from his diagnostic study. He recommends this program for those children who are in need of supportive assistance.

A consulting school psychiatrist describes the child as being one who would possibly benefit from this type of facilitative program.

SELECTION

The majority of cases selected for the program were chosen because of the critical situation with the child. Although many children could well benefit from a program of supportive assistance, those actually chosen were considered to be most in need. The psychologists determined that these children were in crisis situations. If some form of assistance were not made available soon, many of them would have to be excluded from the public school programs.

The student population included thirteen boys and two girls. Seven of these students were partially excluded from school because of behavior problems. One had been recommended for residential treatment placement. The children were located in eleven different schools.

PSYCHIATRIC STAFFING

In-depth psychiatric staffings are a pre-requisite for admission to the program. A complete social history is provided by the school social worker. The psychiatrist describes the child as being in need of a program where the child can be given support through the one-to-one relationship. The advisory teacher is responsible for the reports of the staffings and provides an intensive follow-up of all recommendations from the staffings.

PARENTAL CONSENT

Parental consent is required. Written consent of the parents is obtained before the child is assigned to work with an aide. The principal explains the program to the parents.

PERSONNEL INVOLVED IN THE PROGRAM

ADVISORY TEACHERS

Advisory teachers who are certified by the State Bureau for Handicapped Children as teachers of the emotionally disturbed are responsible for the operation of the program. These teachers are members of the Department of Psychological Services of the central administration of city schools. They are not members of the school staff where the child is attending.

Advisory teachers work closely with the psychologist, the regular classroom teacher, principal, social worker, the aide, and the child to plan and provide the program for the child. They orient the aide to her role. They recomment changes in program and decide with the psychologist and the consulting psychiatrist when the services of the aide may be terminated.

SCHOOL PSYCHOLOGIST

The school psychologist consults with the school personnel and the advisory teacher from time to time regarding the progress of the program. He may also be working with the child in another program such as group or individual therapy. He participates in all psychiatric staffings and completes the diagnostic studies which he deems necessary to evaluate the child's initial problem and continuing progress.

PSYCHOLOGISTS' VOLUNTEER AIDES

Psychologists' aides are adults, male or female, who volunteer to work two or three half days each week with an individual child in a place assigned in the school building during the school day. The aide's role is to establish a warm, friendly, supportive relationship to the child, eventually resulting in helping him to do tasks assigned by the teacher.

Aides are found by recommendation of the school principal or psychologist or sometimes outside sources. They are further screened by the Department of Psychological Services before being assigned to work in a school.

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Qualifications are (1) completion of high school education, (2) high moral character, (3) liking for children, (4) patience in working with children, (5) pleasing personality, having warmth and "outgoingness" toward children, and (6) emotional stability.

The aide works patiently with the child on the assigned work or selected projects and will do this in a way to give the child encouraging support. The aide does not grade any work done, but praises the completed tasks. The aide makes written notes for later conference use with the advisory and classroom teachers.

The aide is not given access to any confidential records, or the cumulative folder.

THE PRINCIPAL

The principal is generally responsible for the program and works most directly with the advisory teacher. He may wish to or may be requested to participate in some of the consultations with the aide.

The principal has the responsibility, in consultation with the school psychologist, to observe the effects of the aide's work in his school. If it becomes apparent that the aide's relationship to the child no longer serves the child's need, the service may need to be discontinued.

The principal is responsible for requesting the school social worker to obtain a complete social history of each child admitted to the program. This is to be used in the psychiatric staffing. He also requests the social worker to make other home visits when he feels the occasion rises.

CLASSROOM TEACHER

The classroom teacher acquaints the advisory teacher with the strengths and weaknesses of the child's daily performance in the classroom, recommends appropriate tasks for the child, and occasionally confers with the aide concerning the child.

OTHER SPECIAL PERSONNEL

Specialists such as social workers, curriculum supervisors, speech therapists, school nurses or physicians, and community agency personnel are involved in interdisciplinary conferences as indicated by the conditions of each individual case.

IMPLEMENTATION OF THE ONE-TO-ONE RELATIONSHIP

If the child can learn to relate positively to someone in the school setting, he can more easily relate to the teacher as the authority figure. The following guidelines, which are discussed with the volunteer aides, are instrumental in the establishing of a good relationship.

1. Accept the child for what he is and where he is.
2. Provide for successful experiences.
3. Follow the interests of the child. We don't attempt to make up for learning deficiencies. We don't emphasize his weaknesses as may be done in a classroom situation.
4. Maintain a non-judgmental attitude. Utilize encouraging techniques.
5. Structure a favorable situation. The aide and the child may do arts and crafts projects, play games, use music, reading, drama. We try to establish projects utilizing the experience and background of the aide that are of interest to the child.
6. Expect normal behavior. The aides are untrained in handling perceptual deficiencies, developmental or emotional problems and do not perceive these children as being much different from others. We are more likely to elicit normal behavior from the child when he is working with an aide because there are no pressures on the part of either for the achievement of some predetermined results.

OUTCOMES

RESULTS

The program for 1968-69 school year will continue with thirteen of the children from last year. One child moved away and one was diagnosed as brain damaged and institutionalized. New children will be added from time to time.

All the thirteen have made satisfactory school adjustments. All seven of the children formerly on partial exclusion are now attending school full time (often at the request of the classroom teacher).

Current teachers evaluate these students as being more or less average. No one represents a severe problem. Yet the entire school history for each of these children prior to admission to this program indicated not only unsatisfactory school experience at all prior grade levels but also a progressive worsening of their situations.

Those teachers previously unacquainted with these students find their records unbelievable. Those teachers who previously knew these students are amazed at the changes. Such teachers are pleased that they can now work cooperatively with these students and are glad to have them as a member of their group.

All special diagnostic studies of these children are being discontinued, and all requests for special placement are being dropped.

We will continue to work with these children. Their progress at this time is made more secure by our program. We have seen evidence of backsliding when this support is withdrawn too soon or when too much is expected of these children in a very short period of time. Note the brief periods in which some children actually receive services of an aide. (See chart.)

A phasing-out procedure should be followed by an in-care program to aid and evaluate these children for the next several years.

SUMMER PROGRAM

Many of the aides felt the children needed the continued support of this program over the summer. The children, too, seemed to be indicating their need by their unstable behavior near the end of the school year in May. Therefore, most of them were enrolled in day camp programs of the YMCA--North Central Branch and the Boys' Club, Irving J. Seher Unit for an eight-week period. Others attended resident camp at YMCA Camp Minikani. It was felt these children would benefit from the counselor-camper relationship and that this would facilitate the maintenance of the gains previously made by these children.

CASE HISTORY

The dramatic results in the following case are illustrative of the type of results achieved with other cases. See Table 1 at the end of this chapter, student #12.

S. had presented problems since he was in kindergarten. He had been given two psychological test batteries. He had received intensive school services for one year and the prognosis was very poor for anything greater than slight improvement. His case was referred to the Milwaukee Children's Hospital for a complete work-up. The personnel felt his problem so severe that he could not be handled on an out-patient basis. They attended a psychiatric staffing at the school board in November, 1967, where the recommendation was made for residential placement for this boy. S. was admitted to the Psychologists' Volunteer Aide Program in November after an urgent request from the psychologist that S. be given immediate help in lieu of residential placement. S. could be described as being very fearful of other children. He consequently came late to school to avoid confronting them. He constantly bothered them in class while appearing to be unmindful of classroom activities.

Results: By May, 1968, enough improvement had been made in S.'s behavior that the principal asked the social worker to make a home visit to convey the positive results of the program to the family. S. then attended a summer day camp program provided by the program. Currently, he seems to be a well-adjusted boy. His classroom teacher does not see any signs of the former withdrawal or narcissistic behavior.

Note: The cost of residential treatment for one year would equal the cost of the entire program for all fifteen students for one year.

TABLE 1
STUDENT POPULATION OF ESEA PSYCHOLOGISTS' VOLUNTEER AIDE PROGRAM
1967-68 PROGRAM

STUDENT	TIME IN PROGRAM (IN MONTHS)	BEGINNING DATE FOR THE AIDE	LENGTH OF AIDE SERVICE (IN MONTHS)	IMPROVEMENT (CURRENT SCHOOL EVALUATION)
1**	15	March, 1967	15	X
2**	15	March, 1967	15 (two aides)	X
3	8½	November 8	7	X
4	8	October 23	7½	X
5	8	March 18	3	X
6	8	January 11	5	X
7	8	November 21	7	institutionalized
8	7	November 20	7	X
9	7	March 19	3	moved
10	7	Nov-March, May 21-June	5 + 1 (two aides)	X
11	7	December (few meetings)	(served by advisory teacher)	X
12	7	November 27	7 (see case history)	X
13	3	January-March	2½ (but discontinued)	not formally admitted
14	3	March 18	3	X
15	3	No aide	(served by advisory teacher)	X
16	2	April 22	1½	X

**These two boys began work with their aides in 1967, before transferred to Title I Program.

X--means improvement to desired behavior required of all students; evaluations of current classroom teachers.

CHAPTER XI

BEHAVIOR MODIFICATION THROUGH OPERANT REINFORCEMENT

John Haase
School Psychologist

Tyrone Carter
School Psychologist

This was a pilot project in behavior modification through operant reinforcement which was intended to serve children in areas of economic deprivation during the summer of 1968. It was hoped that the results of the project would provide additional understanding of the way in which new and practical models for serving children in the Milwaukee Public Schools might be designed for implementation during the regular academic year. This particular project required that the psychologists work directly in the classroom with the teachers in a joint effort to maximize learning through the systematic application of operant reinforcement techniques.

In each of two schools the psychologist, functioning as a partner on the psychologist-teacher team, devoted his full time to working intensively with two classes of pupils in the school. He collaborated with the teachers of these classes bringing desired pupil behavior under the control of appropriate stimuli. To achieve this end, the psychologist, working with the individual teachers, was concerned with the following:

1. Determining specific objectives in terms of desired pupil behavior or specifically what was to be taught at specified times.
2. Determining specific reinforcers of behaviors that were appropriate to the classroom situation.
3. Inventorying responses that were to be accepted as progressive approximations to the desired pupil behaviors during the conditioning process.
4. Determining the most efficient scheduling of reinforcements.

GENERAL PROCEDURES

SUBJECTS AND SETTING

The project was carried out in a total of four regular summer school classrooms (first grade, second grade, fourth grade, and sixth grade) in two elementary schools located in economically deprived areas of Milwaukee. Teachers who were invited to participate were recommended by Central Office staffs of the Milwaukee Public Schools, although they were unaware of having been recommended. They accepted the invitation to join the project when contacted. They were told that the psychologists would split the class day about equally between their two classrooms with much of this time being spent in observation of the pupils and their behaviors and/or working with individual students or small groups of students. The teachers and the psychologists, through observation of the pupils, chose the ones that operant techniques would be applied to during the course of the six week summer school.

OBSERVATIONS

The psychologist, after observing the classes as a whole for two days, devised a Behavior Rating Sheet (see end of this chapter) which included the most frequent non-adjustive behaviors noted in the classroom situation. This sheet was utilized in marking the frequency of the emitted behavior of a particular student or small group of students. In this way a baseline was arrived at as to the number of times a specific behavior occurred during the period of observation. It also provided the teacher and the psychologist with an idea as to which target behavior(s) they would attempt to modify.

INDIVIDUAL EXPERIMENTS

In the first school, all operant reinforcement techniques were attempted with students on an individual basis.

KIM (Age 8)

Kim was chosen because she was quite a disruptive student[1] in the classroom. Her previous teacher had stated that she "likes to participate" in class. It also was stated that she "had been loud" in the classroom. Both of the above characterizations were readily apparent the first day of class.

She was one of the older children in the class and physically somewhat larger than the other students. During the oral part of the classroom activities she would constantly call out answers and would give no one else an opportunity to respond to the teacher's questions. The teacher constantly reminded Kim as well as all the students in the class, that in order to be called on one had to raise his hand. Many of the students would call out answers but the teacher would only recognize the ones who raised their hand. Much of the time she would call on a person, with the prefatory statement, "(name of student), you have your hand up like you should, so you tell the rest the answer." From the beginning, the teacher utilized an operant reinforcement technique. On the first day of class the percentage of hands raised to answer questions was between 9% and 10% with about 30-40% calling out the answers. After about three weeks of class, the percentage of hands raised would vary somewhere between 50% and 90% with a minimum of calling out of the answers.

The teacher, at the suggestion of the psychologist, called on Kim first at the beginning of the oral-work when she had her hand up. Kim was also asked to do some board work so the rest of the students could see her perform. In this way Kim set the pace for the class. This curtailed her talking out of turn for most of the remainder of the oral work. On one occasion she had been so loud the previous day that the teacher told her that if she was unable to recognize the rights of the other students to answer questions that she would have to remove herself from the classroom until the completion of the oral part of the class work. This is in line with the "time-out room" concept used in a number of studies. It was not necessary for Kim to leave the classroom on that day or any other day.

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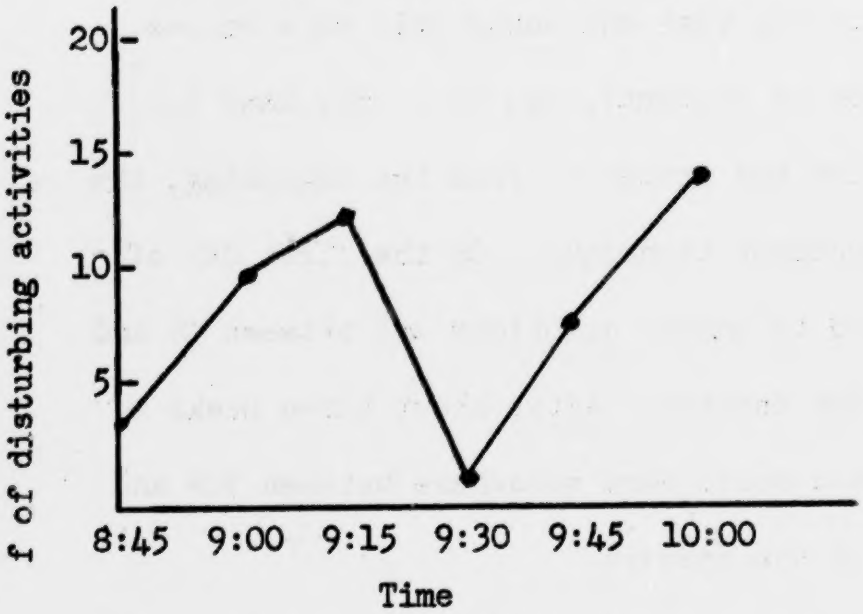
[1] In Kim's case, being disruptive was one of the following: talking out of turn; talking to neighbors; leaving her seat; annoying others; and, making noise with materials.

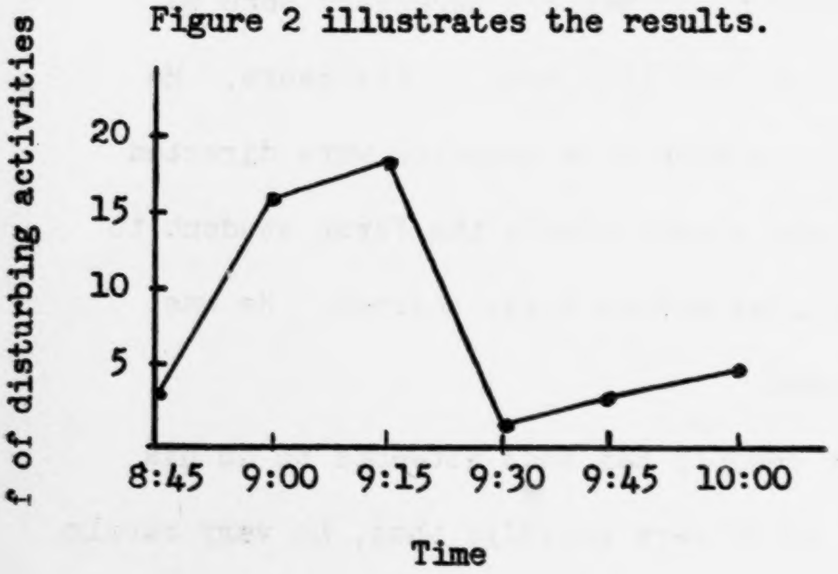
When an assignment was given she would work through it very fast with a minimum of disturbance, but because she was always finished first she would then become quite disruptive again. (see figure 1 as an illustration.)



Oral work would start at approximately 8:45 AM. Kim would get progressively louder until between 9:15 and 9:30 AM when the written work was assigned. While the written work was being completed she was quiet (10-15 minutes). When she was finished with her written work she would again become increasingly loud and disruptive until 10:00 AM which was immediately before recess.

Figure 1.

It was suggested to the teacher that after Kim completed her work she might be able to reinforce Kim's relative quietness during the seatwork by giving her a task to do that would be an aid to the teacher. When Kim finished her work the following day the teacher asked her to place her completed work on the board and then to stand there and pass out thumb tacks to the other pupils so they could place their completed work there also. Figure 2 illustrates the results.



Kim was quite disturbing on this day prior to the assigning of the written work around 9:20 AM. She was quiet during the written work and continued to be relatively quiet throughout the remainder of the observation period. Her appropriate behavior had been reinforced by the teacher and she reacted appropriately.

Figure 2.

After about three weeks it was felt, by both the teacher and the psychologist, that Kim's frequency of disturbance in the class was reduced sufficiently to apply operant techniques to her academic work. She finished her work rapidly and it was usually very poorly done. In Kim's case, as in others during the summer session, it was felt, by both the teacher and the psychologist, that the student's behavior would have to be changed before one could attempt to effect any change in academic work. Thus, the teacher and the psychologist decided upon a hierarchy of behaviors that attempts would be made to modify.

Unfortunately, it was at this point in time that she became ill and did not return to class for the remainder of the summer session.

BEN (Age 8)

Ben had been described by his previous teacher as "lazy" and "does not apply himself." This was seemingly apparent to the teacher and the psychologist from the first day of school. He did very little work and utilized most of his time in the following activities: talking out of turn, talking to his neighbors, leaving his seat, annoying others, snapping a rubber band, and standing at the window just staring out

A few other general observations of Ben are necessary here to present a complete picture. He was not loud like many of his peers. He would rarely talk to an authority figure even if a question were directed at him. He very rarely smiled. He was almost always the first student to come to school, arriving 30 to 45 minutes before class started. He was always immaculately dressed and groomed.

At the beginning of summer school, Ben made attempts to do his work but he seemed to lose interest in it very rapidly; thus, he very rarely completed anything. This was pointed out to the teacher and it was suggested that she might provide him with an opportunity to perform a task in the classroom which would take him away from the assigned work for a few minutes. He would receive a reward contingent upon appropriate behavior.

On one particular morning he was working diligently on his assignment and the teacher asked him to take something to the office. He was gone for about three minutes and when he returned he finished the assignment.

Activities such as the above appeared to have some effect on Ben for about one week. Then his attempts at his work declined until one day the teacher reported to the psychologist that he had done nothing the previous day. She stated, "He will not even put his name on his arithmetic paper". In Ben's case the rewards he had been getting were not sufficient to maintain the desired behavior change. Thus, it can be seen that one has to be ready to make changes in a reinforcement schedule.

After observing Ben that morning and seeing him do nothing during the first half of the morning, the psychologist suggested to the teacher that after recess she tell Ben that the psychologist was going to return to the room at 11:30 and if he (Ben) finished his arithmetic assignment the psychologist would introduce him to a game (educational) which was available in the classroom. When the psychologist returned, the teacher proudly announced, so that all could hear, that Ben had completed his arithmetic and had them all right. The psychologist then took Ben to a corner of the classroom where he proceeded to introduce him to the educational game. His peers were quite envious as many of them wished they could be a part of this also.

It has been anticipated that the psychologist would reward his attempts at, or the completion of, his work. As it turned out, both the teacher and the psychologist were able to reward him for having the work correct, also.

In reflecting upon the results, the teacher indicated that she had been successful in getting him started on his arithmetic that day, whereas on the previous day she had not. It was suggested that she make it a point to get Ben started on any new assignment, before she gave any other student individual attention. The teacher followed through on this and it was readily apparent after a few weeks that it was not necessary anymore. He would start his work immediately and finish it. All the teacher did was check it over as she did any other student's, and praise him for it. This was all the reward he needed at the end of the summer session.

During the last week of school he even took an active part in gym. For the first five weeks he had only sat on the sidelines and watched his classmates.

At another time, the teacher had told another student to remove the gum she was chewing. It so happened that Ben was chewing gum that norming, but the teacher had not detected it. When the teacher told the other student to place her gum in the wastebasket, Ben, on his own, went to the wastebasket and removed his gum, also.

MABEL (Age 8)

Mabel was described as "very slow" by her previous teacher. This was the only statement made about her. After the first day of observation it was readily apparent that much more could have been said about her.

On the first day the mother brought her to class. Both were dressed very neatly and in style. The mother stated her wish that eventually Mabel would attend college as she had, and that Mabel should do well in school as she tried to bring her up correctly. During the short period that the mother was present Mabel was very quiet and docile. As the morning progressed, it became apparent that Mabel was an extremely disruptive individual.

Some of the ways in which Mabel was disturbing follow: she would talk out of turn; she would talk in a very loud tone of voice to her neighbors or to a person across the room; she would run around the room; she would annoy others; she would make noises with her materials, desk, and chair; she had some temper outbursts (she stated, "I don't like white people" or "I am going home".); she would hang on the teacher; she bit the teacher a couple of times, etc.

The teacher who was white, did not respond to the racial statement or to the biting of her hand and after a few days the biting was reduced to the licking of a person's hand and no statements were made about white people any more. Eventually she also stopped licking people, but this took a little longer because the teacher or other person instinctively withdrew his hand.

Various operant techniques were tried with Mabel: These included performing classroom tasks, praise for good work, etc. None of these seemed to have any lasting effect upon her as she continuously tried to get the attention of the teacher or any adult who was present. When she was punished, she would quiet down for a longer period of time, but this was not lasting either. This is in line with research findings regarding the effectiveness of punishment to suppress undesirable behavior. In fact, punishment in Mabel's case might well have reinforced negative behavior. She was receiving the attention of the teacher; thus, her disruptive behavior was being reinforced.

It was extremely difficult to find a system of rewards that would be successful in modifying Mabel's behavior. Reinforcements that had been successful with other students were not successful with Mabel. This points out two important principles: 1) Every person is different and what works with one does not necessarily work with another; and, 2) Every person must be assessed carefully to determine the conditions and rewards to be used before attempting to modify the behavior.

In the third week of school the psychologist started to record Mabel's quiet periods. A quiet period is defined as a portion of time, 20 seconds or more in length, during which time she exhibited appropriate behavior. These periods are added up to reveal the amount of quiet or appropriate behavior in each 15 minute block during the hour of 9:00 to 10:00 in the morning. Mabel's level of appropriate behavior may be viewed in the graph below. (Figure 3)

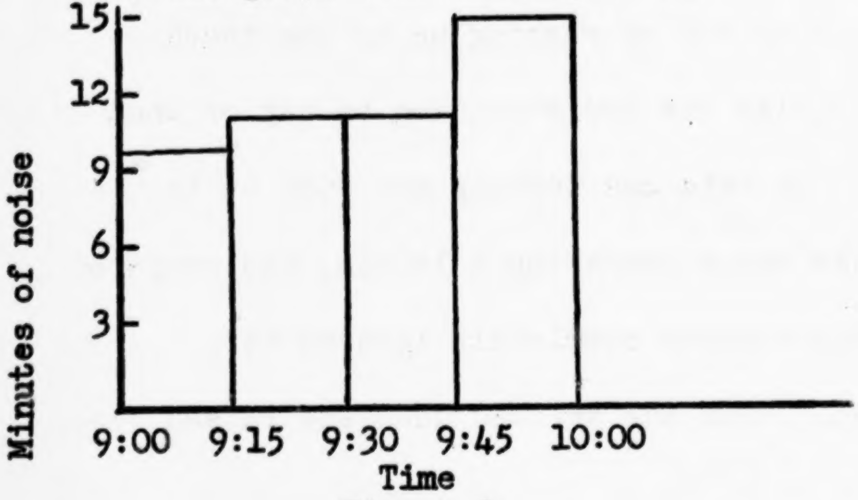


Figure 3.

It can readily be seen that Mabel's quiet periods decreased as the morning progressed. In the block of time between 9:45 and 10:00 AM there was not one 20 second period where she was quiet or exhibiting appropriate behavior. Note: This was after the normal rewards had been given her that had worked with other students. It can be seen that they had little or no effect on her.

Originally, this recording of Mabel's quiet periods was done to arrive at a length of time which would be adequately long to apply operant reinforcement techniques to and in this way reinforce her quiet or appropriate behavior periods and hopefully increase them in frequency and in length. The psychologist was to signal the teacher after an appropriate length of time (one minute) and the teacher would then reinforce the quietness or appropriate activity by calling on her, asking her to help her, moving over to her desk to speak with her or help her, etc. On the morning this was to be initiated, it was decided, by the psychologist, that this type of reinforcement program was not really feasible in a regular classroom where the teacher has to be ready to meet the needs of 20 or more other students.

A conference between the teacher and the psychologist at the end of that day reminded both that ignoring Mabel's inappropriate behavior at the beginning of the summer session had eliminated the behavior as mentioned previously. It was felt that ignoring Mabel during inappropriate behavior periods and being attentive to her during appropriate behavior periods might effect some change in her over-all behavior pattern. The rest of the students in the room were used to her by this time so it did not upset the classroom unduly; although, the psychologist did have to ask one student to ignore her, which that pupil did.

An instance of the aforementioned reinforcement follows:

Mabel had the habit of calling out or running up to the teacher and pulling or hanging on her at any time she had something to say or when she wanted an answer to a question. On this one morning she went up to the teacher, while the teacher was at the board preparing a lesson, and pestered her for approximately 3 minutes. The teacher completely ignored her, whereupon Mabel returned to her seat. When she settled down she raised her hand. At that time the teacher turned around, saw Mabel raising her hand, and called on her. Figure 4 is a crude approximation of Mabel's quiet periods during the fifteen minute block of time during which the above occurred.

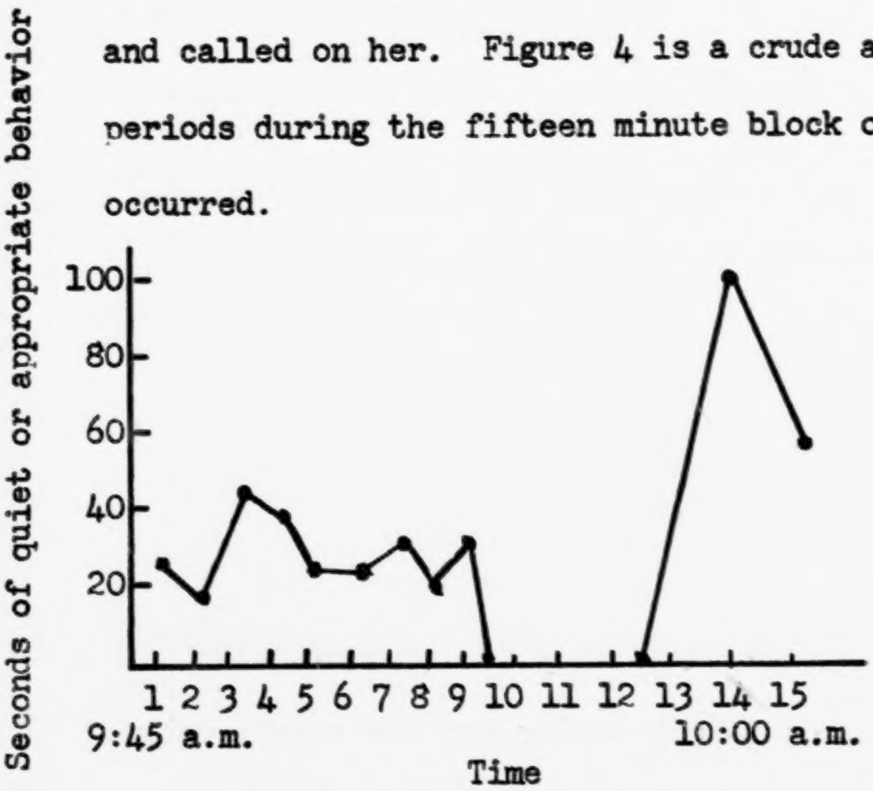


Figure 4.

Mabel's quiet periods ranged between 21 seconds and 45 seconds for the first 9.5 minutes. Then for 3 minutes, she pestered the teacher. When she did receive the attention of the teacher in an appropriate fashion she then had quiet periods of 97 seconds and 62 seconds. This last quiet period ended timing for that day. It is assumed that her quiet periods were of sufficient duration to see some change. More instances such as this would probably produce some lasting change in her behavior. This was viewed periodically during the remainder of the summer session

Figure 5 indicates Mabel's level of noise one week after the ignoring was instituted and figure 6 the last week of the summer session.

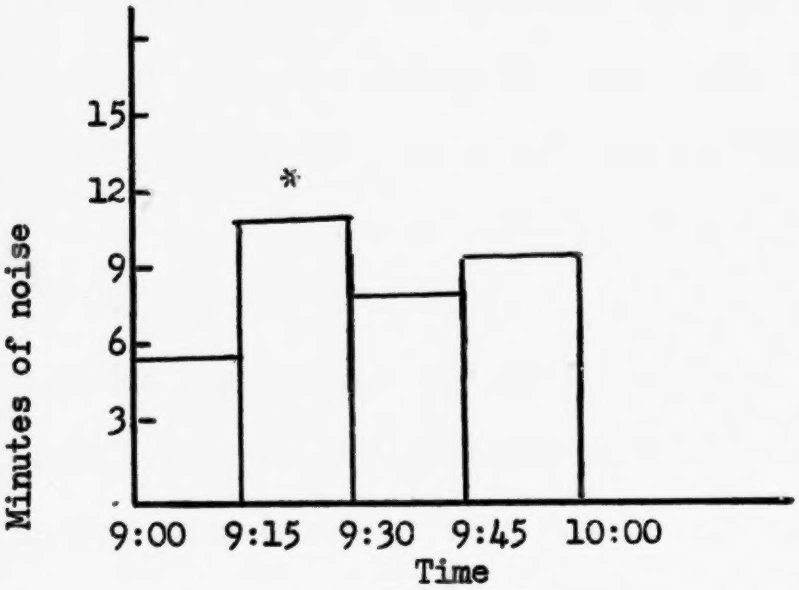


Figure 5

One can readily see that Mabel's level of noise was reduced from that of figure 3.

* A fire drill was held during the last 5 minutes of this time period; thus this is not an adequate illustration of that time period.

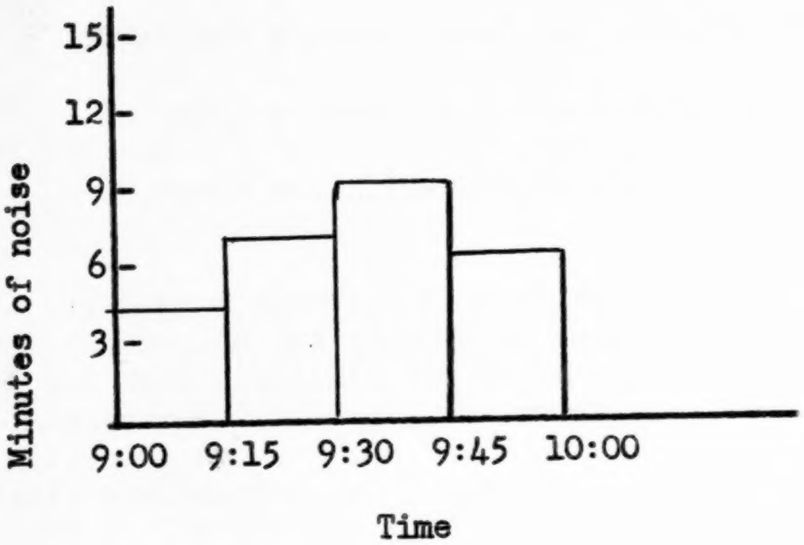


Figure 6.

Figure 6, although not greatly different from figure 5, is quite a bit different from figure 3. In figure 3 the minutes of noise ranged from 9 minutes 58 seconds to 15 minutes, in figure 5 the minutes of noise ranged from 6 minutes 34 seconds to 9 minutes 59 seconds, and in figure 6 the minutes of noise ranged from 4 minutes 56 seconds to 7 minutes 47 seconds.

Figures 3, 5, and 6 illustrate that Mabel's level of noise was reduced by the ignoring of her inappropriate behavior and the reinforcing of her appropriate behavior. The summer school session was not long enough to determine if there were any lasting effects on her over-all behavior; nor was there any time to attempt anything else with her.

STEWART (Age 12)

Stewart was a rather quiet boy who completed any written work very quickly. He made no attempt to do it correctly. It seemed that all he was interested in was having his paper filled with some marks. He was required, on numerous occasions, to do his work over 3, 4, and 5 times.

One morning he was pestering the student in front of him and the teacher moved him to another desk in the room. When the psychologist arrived in the room that day the teacher asked him if he could talk to the boy. When this was carried out the boy indicated that he had come to school that summer with the distinct impression that he was to attend a reading center; thus, he was angry when he was placed in a regular classroom. He wasn't going to do any work. He did indicate that of all the things in school, he liked art best. It was suggested to the teacher that he might utilize this interest in art as a reward contingent upon work completed in an acceptable manner.

This was done and the boy received such rewards as being allowed time to draw whatever he wanted, being asked to do some art project for the teacher, and helping to put up a bulletin board. He also had one of his drawings on display at an open house for which he received praise.

Stewart did not cause his teacher any more trouble for the remainder of the summer school session. In fact, there was a bond of friendship formed between the two. There was also a reduction of the number of times he was told to do an assignment over. At the end he would complete it in an acceptable fashion on the first attempt.

DOXIE (Age 12) AND DEBRA (Age 12)

Doxie was quite a disruptive individual in the classroom. She would interrupt the class on an average of 15 times during the 15 minute block of time when she was observed by the psychologist. These interruptions took the form of talking out of turn and talking to her neighbors.

Debra, if anything, was more disruptive than Doxie. Her interruptions of the class during a 15 minute period of observation averaged 22 times. They included talking out of turn, talking to her neighbors, leaving her seat and sometimes walking out of the room, annoying those around her, making noises with materials, and just general inattentiveness to the teacher.

Both of the above girls experienced difficulties of more major import than those mentioned above approximately three weeks after school started.

Doxie was accused of threatening to beat up a girl in another classroom. These threats were supposedly given to the girl through notes and by other individuals.

Debra became angry with the girl who sat behind her in class and proceeded to fight with her in the classroom. It was of such magnitude that the teacher and the other students had to literally pull them apart. Needless to say, Debra's seat was changed.

Because of the above two incidents the teacher felt that these two girls were responsible for keeping other students out of school up to that time. He felt that they had threatened and intimidated other students, including boys. He asked the psychologist to take the two girls from the room and to work with them. During the course of the interview it was ascertained that there was some credence to the above but it was not of the magnitude pictured by the teacher. At any rate the teacher would not allow a day to pass without some mention being made of the above for the remainder of the summer school.

This is an example of what often happens in a classroom. When a pupil does something wrong the teacher remembers and responds to this, even though the student may try to rectify the mistake by being relatively good for the rest of the school year.

The two girls were taken from the room periodically for the remainder of the summer session. They enjoyed doing this and their time with the psychologist was used as a reward for work completed or appropriate behavior in the room prior to his coming. During these sessions with the psychologist Doxie formed quite a close relationship with the psychologist and also proved to be very helpful in showing Debra how she had acted wrongly at various times or had interpreted something wrongly.

The girls were also taught an educational game. This was used as their reward for work completed toward the end of the summer session. When they finished their work they were allowed to go to a corner at the back of the classroom and play the game. They also taught the game to other students who finished their work and wanted to join them.

Both girls experienced much less difficulty at the end of the term than they had at the beginning. The incidence of observed disruptive behavior during a 15 minute block of time at the end of the summer session averaged about three or four occurences for each girl. It was possible for the psychologist, just by catching Doxie's eye, to reduce her disruptive behavior to almost zero. The psychologist was also able to convince the teacher to allow Doxie to have the opportunity to memorize a speech to be given to a group of parents at open house. The teacher was initially unwilling to do this because of her past behavior. As it turned out she was the only one who memorized the speech; thus, she gave it and was commended for it.

SHIRLEY (Age 13)

Shirley was somewhat older than the remainder of the students and she was described by a previous teacher as an "emotionally disturbed child." She was not a disruptive student in the classroom. She sat in the back of the room, did very little work, never smiled, and always wore a somewhat dirty raincoat during her summer school class.

One day the observation was made that she had a particularly pretty dress and shoes on but that she was still wearing her raincoat. Mention was made of this to her at the end of the day by the psychologist; whereupon, she was observed to smile. For the remainder of that week she hung her raincoat in the hall, was dressed rather smartly, smiled frequently, and appeared to do some of her work or at least make attempts at it. Thus, just this minute reinforcement of recognizing and complimenting her seemed to trigger changes in her.

The following week she withdrew from school through no fault of her own; thus, there was no opportunity to really apply any operant conditioning techniques to her academic work. It is felt that the above might have been quite successful in Shirley's case as her previous teacher had indicated that "she can do the work if she wants to."

SMALL GROUP EXPERIMENTS

In the second school, the psychologist concentrated on the disruption of the acting-out students as that behavior which should be modified. Accordingly, the most serious disrupters in each of his two classes were singled out for special observation.

The three boys in the first group were of similar size and age. Emil, Hank and Donald were all six years old. The second group was composed of three ten year olds, Norman, Jude and Howard.

The pupils were initially observed for one week in order to establish a frequency table for the base rate of occurrence of specific disruptive behaviors. Once these were charted, the boys were informed that the teacher and the psychologist were aware of these negative behaviors and that they desired the boys to change. They were then promised rewards and reinforcements (desirable classroom tasks) to help them to alter their disruptive behaviors. If successful, they were to receive rewards; if not, they received no reward, and possibly negative reinforcement or punishment.

Emil, Hank, Donald, Norman, Jude, and Howard exhibited disruptive behavior in their respective classrooms in varying degrees and intensity. Some of the behaviors noted were excessive talking to other students, general inattentiveness to the teacher, making distracting noises, annoying other pupils, and being defiant of rules and regulations.

During the week in which they were observed to establish a baseline, the boys averaged the disruptive behaviors mentioned above at a rate of seven to thirteen per hour. See Figure 7, Column A and Figure 8, Column A.

The following week each student was interviewed by the psychologist. The purpose of the interview was threefold: 1) The student and the psychologist were able to become acquainted on a one-to-one basis; 2) The student was informed that the teacher and the psychologist were aware of this disruptive behavior and that they desired a change in his behavior; 3) The student was shown a list of classroom duties which had been compiled by the psychologist and the teacher, and he was asked to choose the one which he would like to perform.

These classroom duties were thus established as the reinforcers for improved behavior; although, this was not in all cases an operant reinforcer. For example, if the boy chose to return toys and books to their proper places at the end of the school day he could do so if his conduct improved, but this was not an immediate reinforcer contingent upon an improved specific behavior.

In addition to the above mentioned interview the boys in each of the classrooms were seated in a corner of the room by themselves. This was done in order to facilitate the observing of their behaviors. As it turned out the psychologist felt that he was fulfilling the role of a "policeman," which he did not appreciate, and this may have been an important variable in their improved behavior.

After the initial interview the boys' behavior improved. In four of the cases the improvement was not to a marked degree. Thus, four of the boys were interviewed again. The purpose of the second interview was twofold: 1) the individual was praised for the improvement that had occurred; and, 2) he was informed that more progress was expected and that unless further improvement was noted his reinforcement would be withheld. In addition, he was told that he might possibly receive some negative reinforcement or punishment (no recess, time-out in the cloakroom, etc.).

In two of these cases the boys had improved significantly. Thus for these cases, the second interview served merely to praise and reinforce this more positive behavior.

All of the boys were seen periodically by the psychologist for the remainder of the summer session. These individual contacts were made to reinforce each boy's more positive behavior as the weeks progressed.

There are a number of variables that may have produced the observed changes in each of the boys' behaviors during the course of the summer school:

1. They may have reacted to the reward system that had been set up by the teacher and the psychologist.
2. They may have reacted to the threat of punishment.
3. They may have reacted to their being set apart from their classmates.
4. They may have wanted to please the teacher and/or the psychologist.

These are just a few of the variables that might have presented themselves if there had been more time than just the six-week summer school in which to conduct a research.

At any rate, marked change was observed in all of the five boys by both the teacher and the psychologist at the end of summer school. See Figures 7 and 8. The end results were basically the same. Improvement was noted in all cases whether the students were threatened with punishment, whether they were actually punished, or whether there was no need for the threat or punishment.

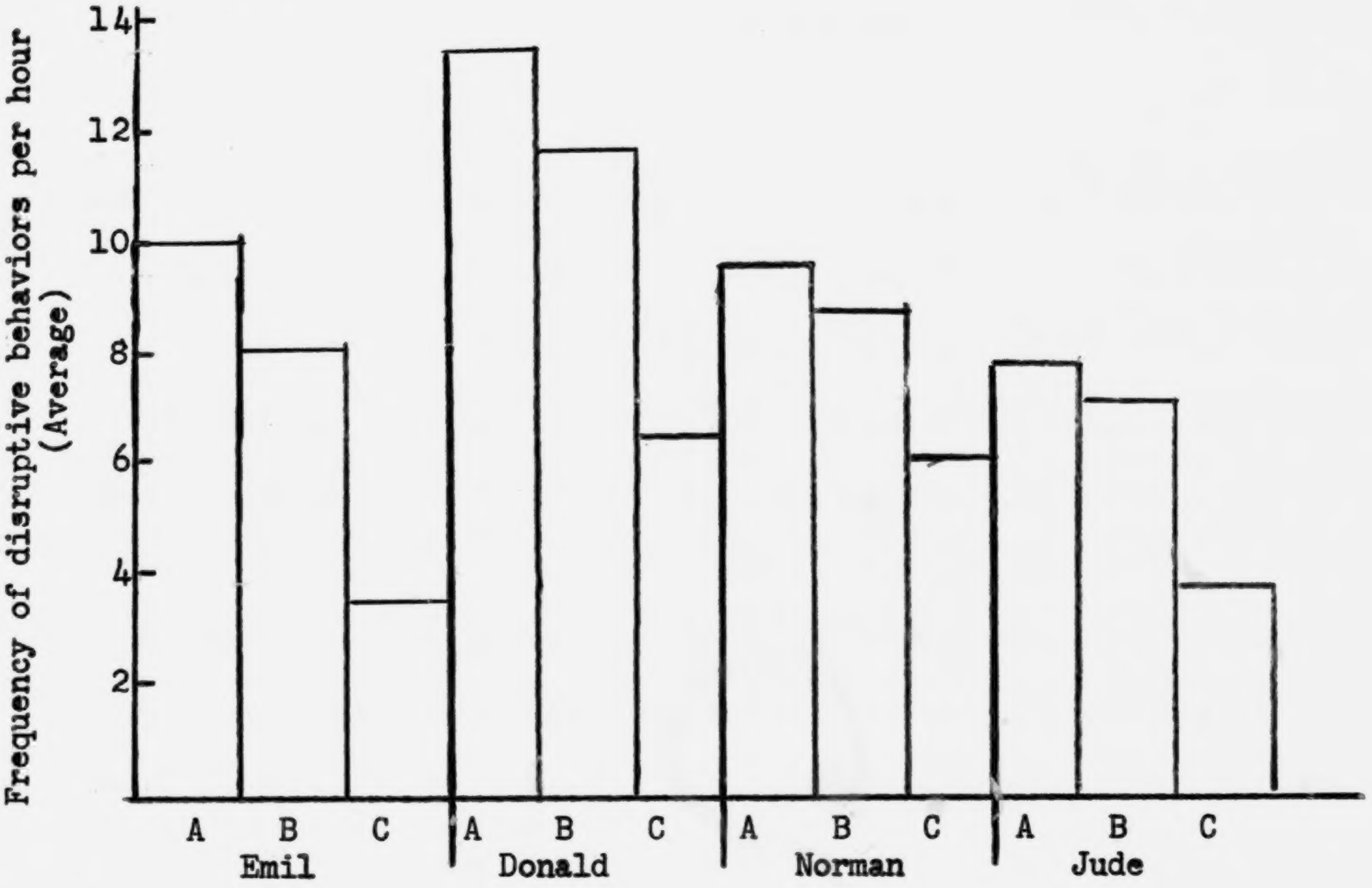


Figure 7.

A = Before first interview

B = Before second interview

C = After reinforcement of positive behavior

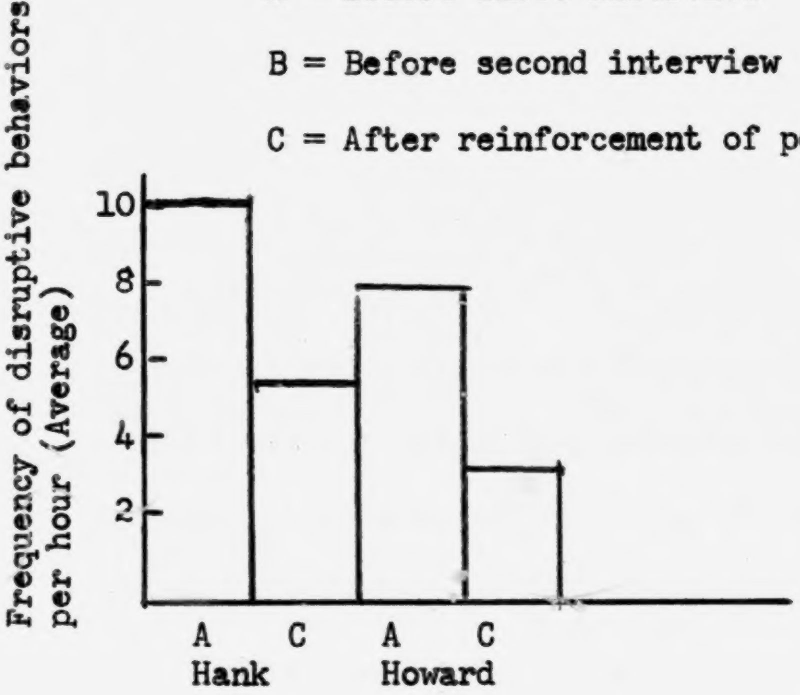


Figure 8.

A = Before 1st interview

B = Before 2nd interview

C = After reinforcement of positive behavior

DISCUSSION

Teachers

When this program was in its planning stages it was felt that the psychologists should work with an adequately trained teacher, a person who was flexible and possibly amenable to change, a person who would not mind having an observer from the "outside" in his or her class at any and all times, and one who did not have an intern teacher during the summer. These requirements were met for the most part.

In one case, the University of Wisconsin-Milwaukee had a summer program which necessitated having individuals assigned to a teacher in the public school. This program was carried out in one of the classrooms where the behavior modification program was tried. The university student was to work with four to six pupils from the teacher's class on an individual basis. The pupils were picked for numerous reasons. This did not interfere with the behavior modification program but it did cause some additional disruptive behavior in the classroom each morning as students, in addition to the ones chosen, wanted the individual attention, also.

In one situation where it appeared that the teacher may have feared having an "outsider" in his class, the psychologist chose to work with the teacher to modify or alter his behavior before the program could really be initiated with the students. Examples of this teacher's behavior were a tendency to remain "riveted" to his desk, lack of sensitivity to the children's behavior, and an initial lack of communication with psychologist on the objectives of the program. In the opinion of the psychologist, communication improved but this problem was never completely overcome during the short period of the program.

In general, it was felt that the choice of teachers reached expectations. In one case there was an indication that the teacher did not really enjoy teaching. This obstacle was overcome to a certain extent while working in that teacher's class and the experience gained by the psychologist was invaluable for future use in the schools, as there are always a few teachers in a system who are not satisfied with their positions.

STUDENTS

Because this program was carried out in summer school, it is felt that in some respects this was not a regular classroom situation, as would be faced in the regular school year for the following reasons:

1. There were only 20-25 students per class.
2. The absentee rate appeared to be somewhat lower than during the regular school year.
3. The class day consisted of a morning session.
4. In one class there were only four boys but twenty-one girls.

In the room where there were only four boys disruptive, acting-out behavior was at a minimum, initially. It was observed that any behavior such as talking to neighbors or being inattentive to the teacher, although present, was very much subdued. The class would have given an inattentive observer the impression of being, in general, very orderly. However, it was observed on one occasion that two girls played cat and rat at their desks for a period of 27 minutes without being detected by the teacher.

PSYCHOLOGISTS

Two psychologists worked on the behavior modification program. These two were able to consult bi-weekly with a consulting psychologist, who was experienced in the application of behavior modification techniques in an institutional setting. Consultation time with this psychologist was utilized in designing the programs and in getting ideas on how to most effectively carry out the programs.

In the initial stages, the psychologists were thinking of using reinforcements that were very concrete in nature; i.e., candy, money, tokens, etc., rather than social types of reinforcement. In a regular classroom an elaborate reinforcement schedule such as hinted at above might very well prove to be unwieldly, especially if the psychologist were to be one of those who administered it. Besides, as Robert Craig states: "Reinforcements that are a natural part of result of activities are preferable to extrinsic rewards."[2] Thus, the psychologists attempted to set up reinforcement schedules along the lines of Premack's Principal which in essence is: "For any pair of responses, the more probable one will reinforce the less probable one."[3] This was the reason for interviewing the individual students to see what they liked and what they wanted to do and to use their choices as the reinforcers in the program.

The psychologists were to administer relevant pre- and post-tests to the respective classes in which they were to work. Because of the length of the summer school (6 weeks) and the time involved in administering the tests to the lower primary students this part of the program was eliminated.

After the initial period of observation and the reinforcement schedules were set up, the psychologists found that sitting in the classrooms was very tedious. It is felt that two weeks of this is sufficient. The psychologist can then consult with the teacher periodically and also visit the classroom periodically. In this way the program might be most effectively carried out. It is possible that a teacher aide may be utilized in recording behavior, giving cues, and performing the clerical duties in a behavior modification program.

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[2] Robert C. Craig. The Psychology of Learning in the Classroom. New York: The MacMillan Company, 1966, p. 44.

[3] Lloyd E. Homme. "Contingency Management," IRCD Bulletin II, 4a (September, 1966) pp. 1-3.

SUGGESTIONS FOR THE FUTURE

A program such as herein described would appear to be workable during the regular school year although further careful study will have to be done to carry it out successfully. The two psychologists involved in the summer program are making plans along these lines. There is some question in their minds as to the feasibility of a program such as this being carried out at the secondary level. If this is to be done then the reinforcements would have to be much more sophisticated than those used during the summer.

The teachers involved were favorably impressed with the program and its effectiveness. One teacher found it "reassuring to know that at all times help was there in solving some of the problems that came up in the classroom situation."

One of the end results hoped for in this project was that the teachers might utilize in their classes during the regular year some of the operant techniques to which they were introduced during the summer. As one teacher put it, the psychologist "reinforced some of my previous standards and suggested others which will be taken back to the classroom in September." It was also stated by one teacher, that the psychologist "served as a second pair of eyes and noticed many things that I might not have seen."

It is felt that what was appreciated most was the fact that the psychologist spent his time in the classroom with the children and was able to get first hand information rather than second hand information as is so many times the case when a psychologist is working in the schools.

Probably one of the more important facets of this summer project was that of consistency. The psychologist was able to remind the teacher of the need for, and to reinforce her in the practice of, consistency with her students whether it was relative to punishment, praise, or just general management of the class. The students were informed as to what was expected of them and there was little or no deviation from the way in which they were reminded of it.

A tentative hypothesis might be drawn from this summer's project. That is, if appropriate behaviors are formed then other appropriate behaviors will follow as a matter of course without additional outside intervention.

This hypothesis might be tested in future projects of the type herein described.

On the whole, this project was fairly satisfying to those people who were involved with it. It remains for those individuals to put to use in the regular classroom the techniques with which they became acquainted during the summer.

NAME________________________

BEHAVIOR RATING SHEET

TALKING OUT OF TURN										
TALKING TO NEIGHBORS										
LEAVING SEAT										
ANNOYING OTHERS										
MAKING NOISE WITH MATERIALS										
CHEATING										
DEFIANT OF DISCIPLINE										
TEMPER OUTBURSTS										
INATTENTIVE TO TEACHER										
MISCELLANEOUS										

Behavior rating sheet employed for tabulating rate of student responding in the classroom by the psychologist.

CHAPTER XII

BUILDING COGNITIVE STRUCTURE IN LEARNERS

Glenn W. Felch
School Psychologist

166/167

Building cognitive structure in student. Developing insights through meaningful learning.

Much thought has recently been directed toward the expanding and changing role of the school psychologist. It has long been felt that much hard work has been producing less than expected results in many of our classrooms today, and this especially among the rapidly increasing number of so-termed disadvantaged in our urban communities. Growing dissatisfaction and increased concern are demanding some realistic answers, and consequently the school psychologist has been finding himself being asked questions he isn't too used to and perhaps would rather avoid. A growing segment of teachers is beginning to feel uncomfortable where once they felt relieved to hear from the psychologist that Jose, Roosevelt, and Maria are not learning because they are borderline retardates, or culturally deprived or fatherless. The new question seems to be, "How can I as a teacher and we as a system reach them and teach them?" The cry is becoming louder and more intense. It will not go away.

One response of the Department of Psychological Services to this situation was in the form of a pilot program aimed at helping pupils through a psychological approach with emphasis on cognitive-field theory of learning.

GOALS

The following goals seemed desirable and workable.

1. To evaluate the present cognitive structure of these children. It appeared to be important to try once more to examine the framework to which new ideas were to be related or attached. Just how clearly defined and how well-organized and how relevant would we find previous learning from instruction and experience?
2. To examine just how these youngsters perceived the world about them—the things and people that are important to them. How would they perceive themselves and the "significant others" in their environment: their parents and peers, their school and teachers, the policeman and other community helpers?

3. To assist the teachers in examining their methods and techniques in the light of cognitive-field theory. To help them focus on seeing teaching as developing insight or understanding, to urge them to help students relate learning tasks to their own short or long term goals, and to encourage them to discover relationships that they might use to facilitate learning. Much attention should be given to looking upon motivation in terms of helping the learner find worthwhile purposes and to establish clear, realistic goals.

EVALUATION

A two-fold evaluation was planned. Pre- and post-testing in reading and arithmetic with the Metropolitan Achievement Test would be conducted by our research department as part of the regular summer school program. Two subtests (word meaning and word discrimination) were added by the psychologist. Group IQ testing was considered.

The two teachers were asked to write a brief evaluative statement regarding their perception of the program and how it affected their teaching aims and procedures.

PERSONNEL AND PROCEDURES

The efforts of the psychologist involved in this program were focused upon two summer school classes of pupils in one school, one middle primary and one consisting of those entering 4B. Classes ran from 8:45 to 12 noon. The school is located in an area with a high concentration of Spanish-speaking people, both Mexican-Americans and Puerto Ricans. The expressed emphasis of the entire summer program in this school was the improvement of the children's self-concept.

The middle primary class was taught by a Mexican-American teacher regularly assigned to this school. A teacher aide was used just as during the regular school term. This teacher is highly respected among her colleagues and is devoted to the betterment of her people in general.

The intermediate classroom teacher was regularly assigned to a school situation in a middle-class, university-centered area. However, she had had teaching experience in an inner city school and currently resides with her parents in what must now be termed a disadvantaged area. She has earned a Master's degree in guidance and is interested in elementary counseling.

These teachers were identified through conferences with curriculum supervisors, principals, and others.

The psychologist attempted to work with these teachers in team fashion. Efforts were made to collaborate with the teachers to create, maintain, and improve classroom conditions that were maximally facilitative to learning.

Prior to the beginning of the summer school classes, the psychologist met with the supervisor of psychological services and the project psychiatrist in a single one hour session. It soon became apparent that our goals and procedures for the most part would be emergent.

The psychiatrist's role appeared to be the least discernible. He would have to find his own niche in this particular program, perhaps in the area of positive or preventative psychiatry. It was decided that he would meet with the psychologist and/or the two teachers for one and a half hours each Thursday morning.

A meeting was scheduled between the psychologist and the summer school principal. The purpose was two-fold: to explain the program and to gain his impressions of teachers being considered for the project. We also made sure that we were not conflicting with any other special projects such as the intern teacher program. It was at this time that the psychologist met the middle primary teacher and obtained her willingness to participate.

The presence of the psychologist at the school orientation meeting gave him an opportunity to meet the faculty, introduce himself and the program, and become familiar with the plant and the total school program. It was at this meeting that the second teacher of our team was contacted and her willingness to work with us was obtained. Both teachers were presented with a hurried overview of what we were going to try to do, and informed that they would be asked to write a brief terminal statement of their experiences in the program, including perceived ways in which they felt their own approach to instructing children in the classroom had changed.

A considerable amount of time was spent discussing and attempting to evaluate the present cognitive structure of the children. Formal procedures were utilized. The regular summer school program required that pupils in both of the involved classrooms be included in the school's group testing of reading and arithmetic with the Metropolitan Achievement Test Battery. To this we added tests of word knowledge and word discrimination. Pre- and post-testing were done. The psychologist also individually administered the reading test of the Wide Range Achievement Test. Over five mornings were spent, in whole or in part, by the psychologist and/or the teacher in testing.

The scrutiny of the children's insights was less formal and concrete and much more difficult. The presence of a Mexican-American co-worker proved to be an invaluable adjunct both in identifying and interpreting the cognitive structure of these children. Some effort was made to use learning situations as a means toward further understanding. Children wrote illustrated stories about themselves and their families. The intermediate room's core project, Our City and Its Workers, served to elicit the youngsters' perceptions of key persons in their environment, the policeman, teachers, and other workers of their choice. Close scrutiny through field trips, books, films and film strips served to reinforce or modify these percepts. Children were urged to contribute and share from their personal experiences. An effort was made to shift from a more or less mechanical learn-by-doing, S-R tendency, to a more "knowing-understanding," language-centered, problem-oriented approach.

Teachers were encouraged to think of ways to help the students to develop insights through purposive and meaningful activities or through the perception of relationships and patterns in problematic situations. When it was perceived that the youngsters seemed to learn words and phrases during the lesson on the chalkboard but were unable to work with the same words in their books at their seats, the problem was discussed. A number of approaches seemed worth trying. Words were presented in a number of different contexts. Children supplied a variety of sentences of their own using the word. Attempts were made to "lift the word off the chalkboard" using flash cards made with the printing set. Children made their own flash cards too. Seatwork calling upon children to manipulate whole words into meaningful phrases or sentences was prepared. Children listened to stories and exercises on tape at the "Listening Post" (a headset and a tape recorder permanently set up at the rear of the room) while either following along in the book or responding to recorded directions. The latter device was also used in an attempt to remedy deficient listening skills.

The intermediate teacher noted that her pupils experienced much difficulty in creative writing. Two techniques were tried. One was to ask the youngsters to complete a story being presented with a tension-producing beginning. The other was developed out of a discussion of science fiction. This latter assignment allowed them to pour out of themselves without any of the restraints of reality or convention.

Motivation! The primary teacher complained, "Over 200 books in the room, and the children just were not picking them up." A double row of cubicles under the chalkboard was cleaned out and one chosen library book was stood up on end in each. Most of the rest of the books were put away.

It was felt that here may be an opportunity to assist the child in differentiating his perceptual field to stimulate motivation for cognitive behavior and development. A large pocket chart was made to hold a name card for each pupil. Each time the child's interest prompted him to take a book, he was required to substitute his name from the chart for the book. A student librarian was chosen daily to keep the books in order and also to substitute books of his choosing. Other books were chosen by the teacher on the basis of the children's particular background and current classroom experiences. This served to help produce a tension within the youngster to want to learn.

From the Teachers' Room during "coffee break" came another question. A reading center teacher was commenting, "I just can't get about six of these kids to hear the difference between the vowel sounds like in pin, pen and pan!" It was basically an audio problem. The middle primary teacher--the one introducing the children to reading--was experiencing the same difficulty. It appeared to be found primarily among the Spanish-American youngsters. A number of approaches using the Language Master, slides, transparancies and ditto sheets were cooperatively designed and tried. The reading center teacher has now had the problem approved for her Master's dissertation. The teachers are interested and intent upon developing a meaningful and effective solution to the problem when school begins in the fall.

Another attempt to help prepare pupils to take the fullest possible advantage of learning opportunities was through a psycho-educational therapy group from the intermediate classroom. This group of six boys and girls was chosen by the psychologist and teacher cooperatively. The selection and presentation of filmstrips to correlate with their community workers' project served as the academic core or the therapeutic vehicle of our sessions. Children were taught to operate the equipment and formulate the criteria for the selection of the filmstrip. The method of presentation to the entire class was discussed and effected. We met daily for our forty-five minute hour.

This therapy group proved to be a very satisfying venture. The group gradually began to feel important. One boy finally became accepted by his classmates; he no longer was the last one chosen as a partner and he had to stop saying that nobody liked him. One of the girls, previously so flighty and unproductive, surprised the class, teacher, and therapist with her poised, effective presentation to her class. Another boy, the one who immediately assumed and maintained an effective leadership role, finally progressed to the point where he admitted he was afraid and asked that the psychologist stand right next to him during his presentation. The group had to struggle, but gradually it became apparent that they were learning to look at themselves and each other and to plan, work, and carry out ideas together. They began to feel important to themselves and the group and became more secure in the classroom situation.

The role of the classroom teacher in this pilot effort was indeed major and complex. It might best be looked at in terms of a projected program in the Milwaukee Public Schools.

How did the two teachers perceive the program? The new role of the school psychologist was apparently difficult to fully grasp. The cognitive-field approach in itself is difficult to reduce to specifics, and to put a psychologist in a classroom everyday to work with a teacher team-fashion can be threatening and confusing to say the least. (Careful pre-planning can help eliminate some of the potential confusion.) Nonetheless, the teachers did react. In the evaluative reactions one read words such as "highly rewarding," "different, beneficial." Sometimes the psychologist looked every bit like a teacher aide!

One of the teachers quite honestly remarked that she wouldn't want a psychologist around every day all the time. She said the psychologist made her think! This was said appreciatively. Much of the "after school time" with this teacher was spent discussing the Spanish-American child and his environment, looking for his strengths, sifting his needs and designing techniques to help him feel better about himself--with an emphasis upon building up successes in learning. This teacher is eager to try on her own in the fall many of the things tried this summer and to continue the search for new and more effective methods.

EVALUATION

This project might be seen as an exercise in taking another hard, penetrating look at pupils (students). A considerable amount of effort was expended in finding and trying to quantify the old learning upon which effective new learning is to take place. It was generally felt that the formal testing, especially with the Metropolitan Achievement Tests, constituted a frustrating, ego-destroying experience, especially for those pupils in the middle primary grades. The information gained hardly seemed worth the pain.

Time proved to be a crucial element. More time was needed for preprogram planning; teachers and the psychologist needed more talk time; more time was needed both orientation-wise and also for evaluation and interpretation purposes. And there just wasn't too much time for this particular program with ten field trips, weekly art and physical education classes, open house, Trailer Theater and low-attendance rainy days taking their priority in the school day that ended at noon.

The daily appearance of the psychologist in the classroom working primarily with a chosen few did present a problem of "alienation of affection." Various pupils again and again requested to be included in the psychologist's small group. This was handled rather easily during the summer period and most likely would not exist during the regular year.

The psychologist-teacher relationship takes on a new perspective as the psychologist moves from a single referred child focus into the area of the teacher's approach to instructing children. Defenses of various heights, widths and ages (depths) are going to be presented and must needs be handled.

The project produced many benefits--most of which will continue at least through the year ahead. Here teachers are going to continue to look long and penetratingly at the students who come to learn from them. They are going to make every effort to see the world through their eyes, to find what is currently meaningful, important, close to them. They will look at themselves and strive to grasp and internalize that meaning and the closeness, and strive to lead each child, from where he really is, through many successes, to where he himself will more eagerly want to go.

It appears that the teacher-psychologist team might now be approaching the time when given adequate time, realistic, effective psycho-educational models based on the cognitive-field approach might be designed. It is suggested that implementation be considered for the regular school year.

PART IV

THE FUTURE

CHAPTER XIII

DIRECTIONS FOR THE FUTURE OF SCHOOL PSYCHOLOGY IN MILWAUKEE

Margaret Bernauer
Director, Department of Psychological Services[1]

"Coming events cast their shadows before." Born out of the urgent needs of central city schools, this project foreshadows ways in which a program of psychological services may become more effective for children in all Milwaukee schools in the coming decade.

The project you have just been reading about is an intensive experiment in the use of the psychologist as an activist and therapist in the school. It is giving an opportunity for the psychologist to function in the full range of his training and skills; namely, as a clinician for diagnosis; as a therapist using psychodynamic, cognitive, or behavioral techniques with individual children or groups; as a counselor in relationships of interpretation and guidance with teachers and parents; as a researcher through experimentation with innovative approaches to learning problems; as a social psychologist in applying positive mental health principles to the problems of human relations within our schools and between the schools and the community.

The psychologist working on this project is not a different kind of psychologist, but he works more intensively with the children, to assist in solving the problems he has diagnosed. He has the advantage of being able to continue from diagnosis and recommendations to action, using the techniques which school psychologists are equipped to practice but seldom have time for under heavy pressure for diagnosis and consultation.

Traditionally the psychologist in the school has been cast primarily in the role of diagnostician. Historically, it developed out of the use of psychological measurement to identify children for placement in special education programs. Thus, he became identified with the role of the psychological examiner

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[1] Was coordinator of the Department of Psychological Services and Educational Research during the period of time referred to in the chapters of this monograph.

almost exclusively, with the result that the expectations of teachers and administrators tended to limit him to this narrow aspect of his profession. This is not a slight role or a mean role for the psychologist; it is serious, important, and essential. However, if the psychologist limits his role at this point, it may be that the end result to the child can actually be harmful. Diagnosis and labeling of children is sterile if not accompanied by action. It is now recognized that the atypical child, particularly the disadvantaged child, may not be mentally retarded but disturbed or culturally unadapted. Disadvantaged children need continuous study and re-evaluation to assess the factors affecting their educational learning rate. On this base the instructional plan must be modified in order to be effective. The psychologist should be expected to be actively involved in this ongoing evaluative and instructional process.

Today's educators depend on assistance from the several fields of psychological knowledge for several reasons:

1. To recognize the child's potential.
2. To discern cultural and social deficits which mask potential.
3. To understand the child's individual learning style.
4. To develop techniques and curricula by which children can more effectively develop language and problem solving skills.
5. To utilize effective group dynamics and human relations for better mental health in the classroom.
6. To apply knowledge of behavioral psychology in the classroom in order to improve attention and listening skills.
7. To work with the child in a therapeutic relationship to shape or overcome emotional and motivational deficits.

The school psychologist can be expected to be the individual who supplies this kind of knowledge and active assistance to the teacher as well as working with the child or groups of children.

In relation to these problems, school psychology has been evaluating itself and has been considering how the rapid accumulation of knowledge about learning, motivations, and behavior can best be applied to children in schools. The result of experimentations and research with new strategies for learning and for modification of behaviors that affect learning impel the psychologist in the field toward action to promote and apply what is sound and practical.[2,3]

The project of psychological services in the central city schools of Milwaukee incorporates into the function of the psychologist the role of working intensively with the children and the school staff. It is a primary service to children. Its emphasis is on therapeutic work with children, teachers, and parents. It does not abdicate the diagnostic role; it builds upon it. It is investigating the practicality of a staff as a whole developing a therapeutic program which can be applied without losing individuality and flexibility. The classic role of the individual therapist effectively helping individual children is not the focus of this project. But it is that of the feasibility of a staff program in which diverse therapies are employed in a system-wide effort to change children as persons and learners in schools. This has not, to our knowledge, been demonstrated on any large scale. Therefore, in exploring this concept, this staff of psychologists has laid open the record of its daily activities, concerns and reactions. It dares to ask whether this intensive effort based on psychodiagnosis and followed by psycho-educational therapy is worth while.

This project is but a beginning. It casts the shadow of what could lengthen into a mature school psychology program in the 70's. Although school

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[2] Jack Bardon, "School Psychology and School Psychologists: An Approach to an Old Problem" American Psychologist, XXIII (1968)pp. 187-194.

[3] Robert Valett, "The Evaluation and Programming of Basic Learning Abilities" Journal of School Psychology, VI (1968) p. 228.

psychology is the most rapidly growing specialty in the field of psychology, it will not continue to be so unless it recognizes and responds to the call of the educator for assistance in action programs.[4]

We believe that:

> Psychologists will increasingly perceive themselves and involve themselves in a more active role with the school staff and with groups as well as with individual children.
>
> Psychologists will feel the need to offer a product in terms of therapeutic prevention or treatment of motivation, learning, and behavior problems--a product that will reshape the way in which they may be presently perceived.
>
> Psychologists will be welcomed for their assistance to teachers and administrators in developing teaching strategies to deal with all types of learning problems.
>
> Psychologists will have the operating conditions and the flexibility of program that will facilitate the development of this role.

Such a role assumes that the basis of operation for the psychologist is, and will continue to be, the use of objective assessment and data for the analysis of individual or group situations. From this base, upon the formulation of a working hypothesis, the psychologist recommends and follows through with therapeutic activities in which he, himself, either directly or indirectly participates. He will confer with other members of the service team to facilitate those actions which are more appropriately in their disciplines (social work, curriculum, medicine, speech, etc.). He will structure, with the school staff, the type of therapy which he, himself, will provide or supervise.

Along with the urgency to provide action for helping individuals and small groups, another trend is developing. The need to help teachers with management of behavior in the classroom and with solving learning problems gives the school psychologist the opportunity to help in the capacity of consultant and teacher of new techniques to the teacher. Useful as case study and continuing therapy may be to the individual student, the need to reach larger numbers lies in his assuming this role of demonstration and instructing others in the methods of analyzing learning styles, systematic modification of behavior, and using of individualized programming.

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[4] Mary Alice White and Myron W. Harris. The School Psychologist. (New York: Harper & Row Publishers, 1961), p. 9.

The prediction has been made that if the school psychologist does not expand his role to include this type of assistance, his function will be washed away and replaced by those who can contribute more significantly. As we move toward a more streamlined, individualized learning program designed for every child in the classroom, the psychologist's contribution will be more important than ever; but the psychologist may well find that much of the testing work can be done for him and more of his time can be spent solving individual and group behavior and learning problems with the teacher. If he is ready, he will be able to play the role of the learning strategist with the ability to help teachers analyze specific situations, and devise and apply appropriate techniques to meet them.

The role of the psychologist in Milwaukee Schools is also projected toward involvement on a broader scale of in-service work with teachers and of consultation with school administrators. Because of the many fronts on which psychology is developing and the vastness of the research available, the utilization of resource psychologists in several fields of specialty could be envisioned, particularly in such fields as human relations; developmental psychology; learning theory, e.g., behavior modification or cognitive structure building, and group dynamics. These psychologists would be available for consultation with school administrators as well as with individual psychologists wishing to devise programs to fit special situations. They could even be envisioned as resource persons to community groups concerned with school problems. They could form the nucleus of a task force to study and resolve critical psychological problems in a school or area of the community.

To function in this manner means that psychologists will need more time with individuals or groups, and more time for involvement in faculty meetings, in-service programs, and community meetings. If the results of an action program of this kind are effective, the school will soon revise its perceptions and expectations of the psychologist's service. It already has, to the extent that the psychologists working in this project with fewer numbers of children, have generated much positive acceptance and support for continuing in this pattern.

Implementing a program of this kind may require that certain data-gathering functions can be assigned to several helping professions or technicians assisting the psychologist. Effective use of such service in liaison with the psychologist holds the possibility of solving the problems of continuously increasing backlogs of referrals for diagnosis without the danger of damage to children that may result from incomplete or faulty interpretation of these data.

To function in this manner calls for psychologists who have, in addition to their initial training in diagnosis and therapy, a commitment to continuous adaptation and search for more effective techniques, for continuous self-improvement in their use, and toward greater and greater effectiveness in communicating their knowledge to those they serve. It also means that the focus in recruitment must be on excellence and that compensation and working conditions offer appropriate inducement in this highly competitive labor market.

The implications for school psychology as a whole, which the findings of a project of this kind generate, are of critical significance. Although the primary thrust of the project is intended to improve the learning skills and educational aspirations of disadvantaged children, the long-term effects on all children in Milwaukee are potentially limitless—like the pebble in a pool casting ever-widening ripples to the outer-most banks.

To permeate the whole fabric of school psychology in this city means taking the position as an entire staff, that

1. This is the role of the psychologist wherever he finds himself.
2. Each psychologist works to provide this type of service insofar as it is possible for each child and teacher with whom he works.
3. The effectiveness of the psychologist's efforts will create a demand for the full range of his skills.
4. The conditions for staffing and conditions of work will be provided to make such truly supportive service effective.

Hopefully the 70's will see the full implementation of comprehensive and effective participation by psychologists throughout the city, in improving children's learning.

CHAPTER XIV

AN EVALUATION MODEL FOR THE FUTURE

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Department of Educational Research and Program Assessment[1]

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The first and necessary hypothesis of this project has been confirmed. This hypothesis is that the therapeutic role is a possible role for school psychology as a profession. Much has been written concerning the importance of school psychology doing more than simple diagnosis, and individual school psychologists have engaged in the various forms of therapy. However, a profession consists of those services which all its members can perform. Seldom if ever has a staff of school psychologists engaged in therapy as their primary activity. Most school psychologists have had little if any formal training in the conduct of therapy. Prior to the first year of this project and (as indicated previously), in its initial stages real questions were raised concerning whether the typical training of a group of school psychologists would allow them to provide this service as a staff. It might have been expected that certain "gifted" members would be able to perform the service but could therapy be a service of the profession and not simply something which a few of its members provided? It is now apparent that it is possible to structure an environment (staff meetings, psychiatric consultation, administrative procedures and materials), in which all members of a staff of school psychologists can provide therapy. It is a credit to the courage of these psychologists that they were willing to persevere on this uncharted course when their previous training could not give them the sense of security that they were trained for their work in the traditional sense. The generally positive feelings which these psychologists have about their work, their desire to continue, the acceptance of the schools and the continuation of the project support the first hypothesis that therapy can be a role of school psychology.

Now that it has been demonstrated that therapy can be a service of the profession of school psychology, the next questions obviously evolve around

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[1] Was Executive Director of the Department of Psychological Services and Educational Research during the time referred to in the chapters of this monograph.

the outcomes of this service and its component elements (individual therapy, group therapy, etc.).

As a Title I activity, this project is evaluated in terms of certain predetermined "objectives" of the program (e.g., attendance, achievement, scores on attitude questionnaires, etc.).[2] This evaluation activity is important as a monitoring of the activity; it is in a sense an audit of the program. Because of budget limitations, this evaluation must be done largely with descriptive statistics and a few gross comparative measures such as scores on attitude questionnaires. It serves as a kind of accounting for the expenditure of money and in addition to statistically describing the project's population, it provides some assurance that the project is not having any gross negative effect (a possibility which must be entertained with the provision of new services which take the child out of the regular program).

However, the usual evaluation of a Title I activity cannot discover much of the new knowledge which may be derived from such a program. Title I evaluations require project supervisors to pick two or three objectives upon which the project will be evaluated. In a therapeutic program the total child, his academic achievement, his personality (in myriad dimensions), his physical health and all the other characteristics of a child are at stake. The evaluation of a limited number of objectives is, therefore, a restriction of the typical evaluation plan which may prevent the discovery of important but previously unsuspected effect. The state of the therapeutic arts are also not yet well enough defined so that even all theoretical outcomes of therapy can be specified. For these reasons it may be fruitful to employ an additional evaluation strategy within this and similar projects. Rather than evaluating a limited number of predetermined objectives, this new strategy would be essentially open-ended. It would not ask project personnel to state their goals ahead of time (although this might be still deemed an important administrative procedure). Instead, this design would search for all the effects of the therapy program and would search for those procedures within the program which could maximize the positive and minimize the negative effects which were found in the first evaluation stage.

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[2] These data are reported in the Summary of Evaluation of Title I Programs 1967-68, Milwaukee Public Schools.

Operationally, such a research effort would begin with a listing of all the available variables upon which data could be gathered. Such a list would not be confined to those variables which appeared to be likely outcomes of the program, rather all characteristics (e.g., health, and athletic ability) would be included. Behavioral indices would then be developed for each variable.

As a study of the effects of therapy administered by a staff, rather than particular individuals, the study would be concerned with the characteristics of the therapists largely for descriptive purposes in order to demonstrate the degree to which this staff is equivalent to other staffs of school psychologists across the country. Secondly, as the study is one of various therapies applied by a profession it, therefore, is important that the various forms of therapy be applied by all staff members and that in its initial stages, the project apply these forms of therapy to the various categories of children who are seen. This requirement of the evaluation represents a major problem at the present time. Trends within psychology have been away from classification. However, a classification system has been necessary for the forward progress of most sciences and if necessary its difficulty cannot be avoided. The second step of this evaluation (after a listing of outcome variables) would, therefore, be the review of existing literature and case studies in order to construct a behaviorally oriented classification system.

With the listing of all possible variables and the classification system (major efforts which would require separate funding), it would be possible to begin the study.

Specific procedures would be determined after consultation with all elements of the project (psychologists, teachers, principals, supervisors). However, the general design might be envisioned as follows:

1. Referral by schools of students.
2. Classification of students.
3. Random assignment of students to treatment and control groups stratified so that each psychologist has a sample of each classification of students.
4. Pretesting.
5. Introduction of treatment.
6. Accumulation of process variables (e.g., therapy sessions tapes to be analyzed).
7. Accumulation of information concerning other treatments experienced (differentially) by the various groups during the treatment time span.
8. Post-testing on all variables. (A large number of variables is expected in order to adequately assess all possible outcomes.)
9. Analysis of data for comparisons between treated and untreated groups. Such analyses would search for significant effects of treatment (positive and negative), correlations between variables and variables most associated with positive effects.

From these data further refinements in techniques and evaluation of these refinements could then be made. Comprehensive design of research is not the purpose of this monograph. The purpose of the present chapter has been to suggest that the project may offer a valuable laboratory for the investigation of unhypothesized as well as hypothesized effects of therapy performed as a professional role by a staff of school psychologists.

Drug and other medical therapies are based upon probability studies. The size of the present project offers a unique opportunity to utilize probability techniques in improving the effectiveness of school psychology as a profession.

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APPENDICES

APPENDIX I

THERAPY MATERIALS AND SOURCES

MATERIALS

1 Half-Scale Unit Block

5 Family Hand Puppets-White Family

5 Family Hand Puppets-Negro Framily

1 Complete Program of Sounds and Patterns of Language, with Easel Display Board

1 Driscoll Play Kit

2 White Bendable Rubber Family Figures

3 Negro Bendable Rubber Family Figures

7 Phonetic Quizmo

9 Educational Password Game

7 Educational Flash Words (Group 1)

7 Educational Flash Words (Group 2)

7 Picture Word Builder

7 Consonant Pictures for Peg Board

7 Members of the Family

6 Uno--A Phonics Game

7 The World About Us--Lotto

9 Sets of Demonstration Cards

2 Words and Actions, Mounted Photographs

4 Words and Actions

3 Clown Punching Bag

1 Family Set of Flagg Dolls

1 Animal Finger Puppets

1 People Finger Puppets

1 Rubber White Family Hand Puppet

1 Rubber Negro Family Hand Puppet

2 Folding Flannel Board

1 Seasons

1 Flannel Board Clock

1 Introduction to Fractions

1 Fractional Parts

2 Capital and Manuscript Lower Case Letters

2 Manuscript Lower Case Letters

2 Arithmetic Can Be Fun, Add and Subtract

2 Arithmetic Can Be Fun, Multiply and Divide

1 The Three Pigs

1 Community Helpers

1 Original Story Characters

2 Metal Chalkboards

2 Magnetic Capital Assortment

2 Magnetic Lower Case Manuscript

1 Magnetic Seasons

2 Bar Magnets

1 Magnetic Family

2 Stepping Stones, Number Patterns

2 Stepping Stones--Numeral

1 Colored Cubes

1 Folding Perception Cards

3 Sticks for Laying, Assorted Lengths

2 Number Concept Cards

2 Classification Game

1 My Home and Family

1 Seasons--Fall and Winter

1 Seasons--Spring and Summer

2 Discovering Fractions

1 Magnetic Fractional Circles

4 Toy Money

1 Playskool Village

1 Kinder Peg Village

1 The Winning Touch

1 Smarty

2 Multo-Arithmetic Game

2 Number Rummy

1 Supermarket

1 Easy Handicrafts for Children

1 Christmas Styrofoam Projects

1 Make it with Cardboard Rolls

1 Christmas Gifts and Trimmings

1 Boys Fun and Craft Book

1 Bottles, Jars, Tin Cans, Wire

1 Global Flash Cards--Bradley

1 U. S. Global Flash Cards--Bradley

1 Group Sounding Game--Dolch

2 Take--Dolch

2 Place Value Charts--Ideal

1 Base Blocks--Ideal

2 Picture Sequence Cards

2 Space Relationship Cards

2 Link Letters

2 Sentence Builder

2 Word Tray

2 Jr. Phone Rummy

1 Tick Tock Primary Clock

1 Individual Clock Dial

3 Clock Dial

2 Two-faced Clock Dial

3 Magic Cards--Blends, Digraphs

2 Magic Cards, Consonants

3 Rhyming Puzzles

1 Alphabet Picture Flash Cards

2 Consonant Lotto

2 Vowel Lotto

1 Flocked Alphabet Wall Cards, Manuscript

1 Beaded Alphabet Cards, Manuscript Lower Case

1 Manuscript, Capitals

1 Fraction Discs

1 Fractions are Easy as Pie

1 Fun with Rhymes

1 Carnival of Beginning Sounds

8 Pupils Fraction Kit--Ideal

2 Fraction Line Set--Ideal

2 Science Edu-V-Cards--Astronomy

2 Science Edu-V-Cards--Chemistry

2 Science Edu-V-Cards--Science

1 Negro Doctor

1 Negro Nurse

1 Negro Policeman

1 Ben-G Reading Readiness Puzzles

1 Spinner Fraction Squares Problem Board

1 Numberite

1 Sum Stick

1 Sequence Counter

1 Jumbo Additive Blocks and Boards

1 Jumbo Scored Rods

1 White Grandfather

1 White Grandmother

1 White Doctor

1 White Nurse

1 White Policeman

1 Negro Grandfather

1 Negro Grandmother

2 Individual Number Line

2 Sewing Cards

1 Fractional Parts

4 Ring Toss Game

1 Peabody Language Development Kit, Level 2

1 Peabody Language Development Kit, Level 3

2 Peabody Rebus Reading Progress

1 Fractional Parts

1 Learn to Write--Manuscript

1 Geometric

SOURCES

American Guidance Service
720 Washington Ave., S.E.
Minneapolis, Minnesota 55414

Bobbs-Merril Co., Inc.
4300 West 62nd Street
Indianapolis, Indiana 46206

Bureau of Child Guidance
New York Board of Education
New York, New York

Consulting Psychologists Press
577 College Avenue
Palo Alto, California 94306

Creative Playthings
P.O. Box 1100
Princeton, New Jersey 08540

Eau Claire Book & Stationary Co.
5300 North Sherman Boulevard
Milwaukee, Wisconsin 53209

Follett Publishing
1010 West Washington Boulevard
Chicago, Illinois 60607

Harcourt, Brace & World
755 Caldwell Avenue
Chicago, Illinois 60648

Holt, Rinehart, & Winston, Inc.
383 Madison Avenue
New York, New York 10017

Houghton Mifflin Co.
1900 South Batavia Avenue
Geneva, Illinois 60134

Language Research Associates
300 North State Street
Chicago, Illinois 60610

Lee Ward Company
P.O. Box 206
Elgin, Illinois

The Psychological Corporation
304 East 45th Street
New York, New York 10017

Psychological Test Specialists
Box 1441
Missoula, Montana

Science Research Associates
259 East Erie Street
Chicago, Illinois 60611

Slosson Educational Publisher
140 Pine Street
East Aurora, New York 14052

C. H. Stoelting Co.
424 Homan Avenue
Chicago, Illinois 60624

University of Illinois Press
Urbana
Illinois

University of Nebraska
Department of Special Education
Lincoln, Nebraska

University of Vermont
Burlington
Vermont

Western Psychological Services
12035 Wilshire Boulevard
Los Angeles, California 90025

APPENDIX II

PSYCHO-EDUCATIONAL THERAPY RECORDS'

STATISTICAL DATA

The source of the data reported in this appendix is the psycho-educational therapy record form to be found at the end of the appendix.

Ages of Pupils	% of Students
5 years old	2
6 " "	3
7 " "	9
8 " "	8
9 " "	12
10 " "	15
11 " "	16
12 " "	13
13 " "	6
14 " "	6
15 " "	4
16 " "	2
17 " "	2
18 " "	1

Grade of Pupils	% of Students
Kgn	2
P1	2
P2	2
P3	2
P4	3
P5	6
P6	4
P7	3
P8	2
1	2
2	2
3	2
4	11
5	16
6	13
7	8
8	8
9	3
10	3
11	2
12	1
Orientation Classes	2
Classes for Mentally Retarded	2

PSYCHODIAGNOSIS FOR CHOICE OF THERAPY

Complete Battery	247
Partial Battery	84
Interview and Auxiliary Tests	206
Tested by non-ESEA I psychologists	43
Psychological Interview only	72
TOTAL	652

WRITTEN PSYCHOLOGICAL REPORTS

Initial Reports	426
Progress Reports	
One	121
Two	3
Three	1
Termination Reports	332
Follow-up Reports	35
TOTAL	883

INDIVIDUAL THERAPY

460 Students	2950 Sessions
122 Parents	215 Sessions
TOTAL	3165

GROUP THERAPY

339 Students	4335 Sessions
24 Parents	58 Sessions
TOTAL	4393

FACILITATIVE THERAPY

Directly with students:

	Students	Sessions
	9	9
	5	10
	2	6
	3	12
	1	5
	3	18
	2	14
	2	16
	1	9
	3	30
TOTALS	31	129

For student through teacher:

	Students	Sessions
	22	22
	24	48
	14	42
	6	24
	4	20
	3	18
	2	14
	0	0
	1	9
TOTALS	76	197

For student through volunteer aides:

	Students	Sessions
	2	2
	3	6
	1	3
	1	4
	0	0
	1	6
TOTALS	21	8

For student through volunteer student aides:

	Students	Sessions
	1	1
	0	0
	0	0
	1	4
	1	5
TOTALS	3	10

Curriculum planning for indivdiual student:

	Students	Sessions
	8	8
	2	4
	0	0
	1	4
TOTALS	11	16

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TEACHER COUNSELING/THERAPY

Individual therapy sessions with teachers:

	Number of teachers	Sessions
	1	1
	1	3
	1	5
	1	7
	2	4
	2	8
	4	8
	7	7
TOTALS	19	43

MILWAUKEE PUBLIC SCHOOLS
Division of Curriculum and Instruction
Department of Psychological Services and Educational Research

This form is to be filed in folder of each pupil/student in psycho-educational therapy

Name ______________________ C.A. ____
Grade ____________ School ____________

PSYCHO-EDUCATIONAL THERAPY RECORD

1. Psychodiagnosis for Choice of Therapy
    - Complete battery of tests: ____________
    - Partial battery of tests: ____________
    - Interview and auxiliary tests: ____________
    - By non-ESEA psychologist: ____________

DATES

2. Psychological Reports

Initial report:									
Progress report:									
Termination reports:									
Follow-up reports:									

3. Psycho-educational Therapy
    (Psychotherapy)
    Individual Therapy

Pupil/student									
Parent									

Group Therapy

Pupil/student									
Parent									

(Facilitative Therapy)

Directly with pupil/student:									
For student through teacher:									
For student through volunteer teacher aide:									
For student through volunteer student aide:									
For student through volunteer peer aide:									
Curriculum planning for individual pupil/student:									
Curriculum planning for group of pupils/students:									

4. Recommended to Non-ESEA Psychologist: (If Yes, check) ____________

____
Psychologist

sck 1-30-69